



Return Material Authorization Form (pg. 2)

Shipping Information

Company Name:

Attention:

Address 1:

Address 2:

City:

State:

Zip Code: -

Phone Number: - - ext

Email Address:

Shipper Information*

Company Name:

Contact:

Authorization Code

Authorized Method:

Phone Number: - - ext

* If preferred shipping information is not provided, CPC will ship via the most economical method. Shipping costs will be added to invoice.

* **Shipping Container Required.** YES, a Shipping Container is Required.
(There will be an additional charge of \$1,000.00 for a single chassis crate or \$2,500.00 for rack units.)

I acknowledge that I have read and understand the RMA instructions and warranty information. By submitting this form, I agree to CPC's terms and conditions concerning returned products.

Name _____ Signature _____ Date _____

If submitting electronically, send a copy of this form to quality@cpcamps.com. Please save a copy of this form for your records.