

RMA Request Form

REQUESTOR (Required)	RETURN SHIP TO (Required)
Date:	Date:
Company Name:	Company Name:
Address:	Attn:
Name & Title:	Address:
Phone:	Phone:
Email:	Email:

IntelliPower PN:
Customer PN:
Serial #:

Reason for return (Symptoms):

PO#/CC Order #:	Line Item #:	RO #:
SCAR/CAR Required:	SCAR/CAR #:	SCAR/ CAR Due:
Expedited Services Required (Y/N):	Requested Dock Date:	

PRODUCT IS TO BE RETURNED IN PROPER PACKAGING VIA LTL/FREIGHT. IF PACKGING IS NEEDED, PLEASE CONTACT INTELLIPOWER TO MAKE ARRANGEMENTS FOR THE APPROPRIATE PACKAGING TO BE SENT FOR A FEE TO ENSURE SAFE RETURN.

INTELLIPOWER USE ONLY

RMA #:	ASSIGNED BY:
DATE:	

CORPORATE HEADQUARTERS

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All products designed and manufactured in the U.S.A.

