

RMA REQUEST FORM

Customer Information

Company Name:

Contact Name:

Date:

Shipping Address:

City:

State/Province:

Zip/Postal Code:

Email:

Phone Number:

Information about part

Type of claim: Warranty Repair Other

Sales Order Number	Machine serial #	Part Number	Qty	Description	Detail of defect or problem

Additional Comment:

Instructions:

Complete this form and click submit or send as an attachment to service@weighpack.com.
A customer service representative will contact you shortly to provide you with an authorization number.

I read and agree to the RMA terms and conditions.

FOR INTERNAL USE ONLY
X _____