

DAMAGED IN TRANSIT RMA CLAIM

Please upload these documents for this claim to be valid.

- Original Invoice
- Original Bill of Lading
- Copy of delivery receipt
- Inspection Report (if applicable)
- Reference number (included in drivers report that it was damaged)
- Photos of damage of unit or part

Please list ALL items being returned for service in the spaces provided below.

Model Number	Serial Number	QTY
Model Number	Serial Number	QTY
Model Number	Serial Number	QTY
Model Number	Serial Number	QTY

Please fill out all required information in regards to your claim.

Pro Number _____

Date _____ Time _____ Carrier _____

Other Notes & Comments _____

Company _____ Contact _____

Address 1 _____ Phone _____

Address 2 _____ Fax _____

City _____ State _____ Zip Code _____

Email _____