

MCC Equipment & Service Center

RETURN MATERIAL AUTHORIZATION / REPAIR ORDER

RMA No.

| | |
|--|---------------------|
| DATE AUTHORIZED _____ / _____ / 20____ | AUTHORIZED BY _____ |
| ORIGINAL SO# _____ DATE _____ / _____ / 20____ | |

TO BE COMPLETED BY CUSTOMER...

- A 15% RESTOCKING CHARGE MAY APPLY TO RETURNED ITEMS.
- NOTE: ALL ARTICLES LEFT ON THE PREMISES AFTER WORK IS COMPLETED MAY BE SOLD FOR CHARGES.

| | |
|--------------------------------------|--------------------------|
| DATE RECEIVED _____ / _____ / 20____ | CUSTOMER SIGNATURE _____ |
|--------------------------------------|--------------------------|

CUSTOMER INFORMATION

| | |
|-----------------------|--------------------------|
| COMPANY _____ | CONTACT _____ |
| ADDRESS _____ | CITY / STATE / ZIP _____ |
| PHONE _____ FAX _____ | E-MAIL _____ |

EQUIPMENT INFORMATION

| |
|---------------------------------------|
| DATE INSTALLED _____ / _____ / 20____ |
| MODEL _____ |
| SERIAL NUMBER _____ |
| BRIEF DESCRIPTION OF PROBLEM _____ |
| |
| |
| |
| |

REASON FOR RETURN

| | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> REPAIR & RETURN | <input type="checkbox"/> WARRANTY REPLACEMENT | <input type="checkbox"/> FLUSH |
| <input type="checkbox"/> RETURN TO STOCK FOR CREDIT | <input type="checkbox"/> WARRANTY CREDIT | START DATE: _____ / _____ / _____ |
| <input type="checkbox"/> WARRANTY REPAIR | <input type="checkbox"/> GOODWILL | STOP DATE: _____ / _____ / _____ |

- Please enter ALL data on this form and SIGN.
- Return original form WITH equipment and/or parts to MCC. Keep a copy.
- Ship to:

MCC Equipment & Service Center
2705 East Main Street
Plainfield, Indiana 46168
Attn: RMA