



Return Merchandise Authorization (RMA) Form

Company Name: _____

Contact: _____

Phone #: _____ Email: _____

Billing Address: _____

City: _____ State/Prov. _____ Zip/Postal Code _____

Return Shipping Address: _____

City: _____ State/Prov. _____ Zip/Postal Code _____

Items Returned for Repair / Replacement

Product	Serial #	Reason for Return / Repair

Additional Information: _____

Customer Signature: _____

PO#: _____ Date: _____

Please attach any quotes that may be affiliated with the work above.
Place a copy of this form with your shipment to ensure quick turnaround.
Email a copy of this form to carl@alltorque.com and tim@alltorque.com

Shipping Address	Contact Info
AllTorque Control Systems Inc. Attn: RMA Department Unit 108 - 239 Spruce Street, Red Deer County, Alberta, Canada, T4E 1B4	Carl (780) 863-0686 Shop (403) 309-2220 Toll Free: 888-506-TORQ (8677)

INTERNAL USE ONLY

RMA No. _____ Date Issued _____ Ticket # _____