

Return Authorization (RMA) Number Request

Please use this form to provide us with the following information when returning product for warranty repair, non-warranty repair or credit. Proper completion of this form will prevent delays in warranty repairs, non-warranty repairs, or credits. **Your RMA request cannot be processed without this information.**This page should be filled out with the requested information and then faxed to (713)-779-8898.

Date:		Account Number:					
Person to Contact:							
Phone:		_ Fax:					
Billing Address: Company:							
Address:							
City:		State:	z	ip:			
Ship to Address: Company:							
Address:							
City:		State:	z	ip:			
Product Model Number: _							
Product Serial Number:_							
Original Sigmax Invoice r	number:						
Is this a repair or a credit	request? (circle one)	Repair	Credit				
What is wrong with this p	` '	•	•				
Note: No unauthorized on the outside of the boand returned to sender. subject to a minimum 1	ox. Products returned This RMA number is	to Sigmax valid for 15	without the pro	oper RM	A number v	vill be refused	
	OFFICE USE ONLY	! Please do	not write in th	is spac	9		
AUTHORIZED BY (SIGN CUSTOMER RMA #:	ATURE):						
THIS RETURN IS FOR:	WARRANTY REPAIR	R NON-W	VARRANTY RE	PAIR	CREDIT		