



1355 KUEHNER DR
 SIMI VALLEY, CA 93063
 PHONE: 800-900-9276
 FAX: 800-559-1583

Return Material Authorization (RMA) Request Form

RMA Number: (To Be Determined by Customer Service Department)	Date:
Company Name:	Account Number:
Address:	
Phone:	Fax:
Contact:	

Laars Part Number:	QTY:	Description:
Reason for Return (Select One): Field Failure _____ Salable Return _____		Ordered Wrong Part _____ Shipping Error _____ Other:
Description of Failure (please be specific):		
From Model Number:	From Serial Number:	
Date Installed:	Date Failed/Explanation:	
Original PO # or Laars Invoice #:	Replacement Part Purchased Under PO#:	
Select One: Credit / Replacement		

Laars Part Number:	QTY:	Description:
Reason for Return (Select One): Field Failure _____ Salable Return _____		Ordered Wrong Part _____ Shipping Error _____ Other:
Description of Failure (please be specific):		
From Model Number:	From Serial Number:	
Date Installed:	Date Failed/Explanation:	
Original PO # or Laars Invoice #:	Replacement Part Purchased Under PO#:	
Select One: Credit / Replacement		

Instructions for Returning Material:

1. All information is required for consideration of credit or replacement.
2. Entries on these RMA forms do not bind Laars.
3. Customer is responsible for FREIGHT, unless otherwise specified.
4. RMA number must be clearly marked on ALL packages returned. **PACKAGES WILL BE RETURNED AT CUSTOMERS EXPENSE.**
5. Retain a copy containing RMA # for your records.
6. When returning part(s), please advise DM# if you have issued one.
7. Fax the completed form to the above fax number to obtain an RMA#. An RMA # will be faxed back to you.

RMA EXPIRES 90 DAYS FROM ISSUE DATE

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