

Return Material Authorization Form

Please read the Return Authorization Policy before filling out this form.
All fields must be filled in to receive your RMA number

Bill To	<input type="text"/>	Ship To	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
City, State, Zip	<input type="text"/>	City, State, Zip	<input type="text"/>
RMA Requestor (first and last name)	<input type="text"/>		
Phone Number	<input type="text"/>	E-mail	<input type="text"/>
Winland Model #	<input type="text"/>	Quantity	<input type="text"/>
Item Description	<input type="text"/>		
Serial Number	<input type="text"/>	Original Customer P.O. #	<input type="text"/>
	<i>Required</i>		<i>Required</i>
Reason for Return	<input type="text"/>		

Request for Return Material Authorization form must be returned with a copy of customer "Proof of Purchase".

Please Check All That Apply

- | | |
|---|---|
| <input type="checkbox"/> Item within One Year Warranty | <input type="checkbox"/> Return for Credit |
| <input type="checkbox"/> Item Purchased in Error (25% Restocking Fee) | <input type="checkbox"/> Return for Upgrade |
| <input type="checkbox"/> Wrong Item Shipped | <input type="checkbox"/> Return for Disposal |
| <input type="checkbox"/> Inventory Adjustment | <input type="checkbox"/> Bad out of the Box |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Field Failure |
| | <input type="checkbox"/> Accommodation Return |

Email your completed form to rma@winland.com