

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 tech.support@winland.com