



RETURN MATERIAL AUTHORIZATION FORM

Please [read](#) the RMA policy before filling out this form.
All fields must be filled properly to receive your RMA number.

IF YOU DO NOT HAVE A WINLAND TICKET, CALL 800.635.4269

WINLAND TICKET:	<input type="text"/>
NAME OF DISTRIBUTOR:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>
CITY, STATE:	<input type="text"/>
ZIP CODE:	<input type="text"/>
CONTACT FULL NAME:	<input type="text"/>
EMAIL:	<input type="text"/>
PHONE:	<input type="text"/>
WINLAND PART NUMBER:	<input type="text"/>
QTY OF RETURN	<input type="text"/>
SERIAL NUMBER:	<input type="text"/>

Serial Number :
Example in blue



Serial Number: Probe example



CUSTOMER'S ORIGINAL PO :	<input type="text"/>
REASON FOR RETURN	<input type="text"/>
COMMENTS:	<input type="text"/>

Winland Electronics, Inc.
ATTN: RMA
424 North Riverfront Dr.
Suite 200
Mankato MN, 56001