

internal use only: RMA Number
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## **RMA Request Form**

Please return to: AMADA WELD TECH

RMA@amadaweldtech.com

**Please complete the following** (all information required to avoid processing delays):

<b>Contact Inform</b>	nation			
Name:				
Title:				
Company name:				
Phone:				
Email:				
Billing Address			Your Shipping	z Address
Company name			Company name	
Street:			Street	
City:			City	
State:			State	
Zip/Postal Code:			Zip/Postal Code	
Country:			Country:	
Return Detail				
Model Name (HF27	, etc.):			
Catalog Number(s)	•			
Serial Number(s):				
Reason for return (what happens?				
How often? What p	precedes or triggers			
the problem?):				
Calibration only* Standard (\$695) Expedited (\$869)				
Return for repair*	= '' '	= :	edited (25% surcharg	ge)
Request return fo	or refund (requires app	oroval) -	Sales Order#	PO#
AMADA WELD TECH	requires that the custo	omer pa	y for inbound freight	t on all items. Amada Weld
	_			anty items only. For non-
			_	fees, taxes and duties. For
non-warranty items,	please provide the fol	lowing ii	nformation:	
lethod of Shipment:		Shi	ipping acct no:	
eight forwarder info:	Pease call us if you wish to pay with a credit card.			

<sup>\*</sup>Calibration and non-warranty work require a PO in advance of starting the work In the event that a unit that comes in for repair is found to be operating properly, or is considered unrepairable, the customer is to pay an evaluation fee of \$400 for resistance welding equipment, or \$2000 for laser welding/marking equipment, and agrees to pay all return shipping costs including any customs fees, duties and taxes.