

Your Best Source for the Quality Part, On Time, Anytime.

RMA REQUEST FORM

To:	<input type="text"/>	Date:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Fax:	<input type="text"/>

PART NUMBER	REASON FOR RETURN	INVOICE#	QTY.	COST	EXTENDED

SERIAL NUMBERS	<input type="text"/>
LOT CODES	<input type="text"/>

Please include a copy of your invoice and any test reports and/or photos
 Be sure to note all serial numbers and lot codes.
 Parts must not be outside of MRP Electronics warranty period.
 All parts will be tested upon receipt.
 If found to be in working condition, they may be returned at the customer's expense.
 Only one RMA request per invoice is permitted.

Please contact your sales representative or the MRP Electronics Customer Service/RMA department for assistance.