

Return Materials Authorization Form

Please call for RMA# before filling out and shipping: 505-359-2949

RMA# _____

Date of Request: _____

Company Name: _____

Company Bill to Address: _____

Company Ship to Address: _____

Contact: _____ **Contact E-mail:** _____

Telephone Number: _____ **Fax:** _____

Product: ____ Miniline ____ Compacta ____ Flexline ____ Gears
(Please check)

Model: _____ (Please provide information on nameplate)

Serial Number: (important) _____

Describe the application the product is used in:

Describe in detail the problem or failure:

PO Number: _____

Note: If item is deemed unrepairable then a \$100 inspection & evaluation charge will be applied.

Method of shipment: _____

Shipping Instructions: Please package your actuators so that are adequately protected from rough handling.
Please label your package as follows:

Framo Morat Inc. Repair Service

2500 Meadowbrook Pkwy
Suite C
Duluth, GA 30096

RMA # _____

Please include a copy of this RMA with your shipment.

MC

VISA

AE