

**Customer Information** 

Company Contact

**Address** 

RMA#

ESP Use Only

## RMA REQUEST FORM

RMA Department 623 Herman Rd Jackson, NJ 08527-3009 U.S.A. Phone: 732-928-1000 | Fax: 732-928-1228 Email: rmadept@express-inc.com

**ESP Acct #** 

**Phone** 

**Fax** 

- **Step 1** Please complete this form and return by fax or email. We will promptly return this form to you with the return merchandise authorization (RMA) number. Serial numbers, ESP Account number & Invoice/Order number are mandatory for processing.
- **Step 2** Once you receive an RMA number, please ship items, preferably in the original cartons, with all accessories, to the address above. Please have your RMA# clearly marked on the shipping label and shipping box. Please do not add any markings to product packaging. Unauthorized returns will be rejected immediately at the shipping dock.

Note: Non-defective returns may be subject to 20% restock fee. Credits applied upon receipt of goods. No credit on freight charges.

					Email	
Invoice #	Mandatory	Order #	Mandatory		PO #	
Product In	nformation					
Part Numbe	r Description	Qty	Serial Number	Problem		Return Type
			Mandatory			□ Replace □ Repair □ Credit
			Mandatory			□ Replace □ Repair □ Credit
			Mandatory			□ Replace □ Repair □ Credit
			Mandatory			□ Replace □ Repair □ Credit
			Mandatory			□ Replace □ Repair □ Credit
			Mandatory			□ Replace □ Repair □ Credit
Additional C	Comments					