



Return Material Authorization Request Form

Please follow these steps:

Company: _____

1. Fill out the Return Material Authorization Form in its entirety.

Contact Name: _____

Return Ship to Address:

2. Email form to: Sales@custommicrowave.com and your sales contact before shipping.

Address: _____

City: _____ State: _____

3. Return the authorized item(s) per shipping Instructions below.

Zip Code: _____

Email Address: _____

Phone: _____ Fax: _____

****CMI does not accept liability or agree to perform work until the part is received and evaluated against original delivery/contractual requirements. The receipt of a RMA number is not concurrence that the part(s) is defective and does not guarantee that any work will be done.***

Approved for shipment to CMI: _____

Name of CMI Representative

Date

Qty	CMI Part Number	Serial Number	Return Reason	Requested Disposition	Customer PO#	Order Date

Shipping Instructions:

1. Ship only the items that are authorized **with a copy of the RMA form.**

2. Ship returned items to:

Additional Comments:

Custom Microwave Inc.

24 Boston Ct.

Longmont, Co. 80501

Customer Signature: _____ Date: ____/____/____

(CMI Use)

RMA# _____ Date issued: ____/____/____