

RMA REQUEST FORM

Date: _____ Airmar Part # Being Returned: _____
Company/Acct#: _____ Serial Number (if applicable): _____
Phone #: _____ PO, Original Invoice #: _____
Fax #: _____ Person Requesting RMA: _____
Email Address of Person Requesting RMA: _____

I would like _____ Credit _____ Replacement

If New/Unused – has package been opened? _____ Yes _____ No

REASON FOR RETURN:

Defective (if so, check one) _____ Warranty _____ Non-Warranty _____ Not-Sure
_____ Refused _____ Not Needed _____ Customer Changed Order
_____ Wrong Part Ordered _____ Ordered in Error _____ Other (specify)

If Defective, describe nature of failure (if out of box failure, explain):

Please Email for Authorization : **nrobertson@airmar.com** An approved authorization will be emailed back to you and will include a RMA number below. A copy of the Return Material Request form MUST be included with all returned products.

No returns will be accepted without prior approval.

For AIRMAR Emea Office use only:

RMA Authorized by: _____ **RMA # _____

Date: _____

**An approved RMA must be filled in or this Form is Void

Return to: AIRMAR EMEA
9 BIS Rye des Grands Jardins
35400 SAINT MALO
FRANCE

It is the Manufacturer's option to either repair or replace any unit or part that fails within the limits of the Warranty Policy.
An RMA number does not guarantee credit on a returned item. Any Product or Parts returned may be subject to a Restocking or Retest Fee