

RETURN MATERIAL AUTHORIZATION REQUEST

1. Instructions: Please complete this form and return it to Thermionics NW, Inc. to obtain an RMA number to return items for repair.	
2. Customer:	Date: Phone: Fax: Email: Customer P.O. No: TLI Sales Order No.:
3. Materials to be returned: Packing List: (Completed by user. Please be specific).	
a Ser. No.: b Ser. No.: c Ser. No.: d Ser. No.: e Ser. No.: 4. Description of Problem:	
TLI OFFICE USE ONLY	
□warranty [OCHARGE CUSTOMER
RETURN AUTHORIZED BY: DATE:	
copy: Shipping & receiving Saccounts receivable	

Theck this box if no work is to be performed prior to customer approval.

Thermionics return request forms are not the authorization to ship. The form will need to be completed, signed, and returned to the appropriate Thermionics division at Sales@thermionics.com. After approval, and a PO in place, we will send an authorization number that will need to be attached to the shipment for return. Please do not send the unit prior to or without the authorization attached, our shipping department cannot accept the shipment without it.

RMA REQUEST (Continued)

5. Safety Clearance:

ALL MATERIALS returned to Thermio hazardous materials or induced activ- hazardous materials that the	nics MUST BE CERTIFIED FREE of ation. Please list all hazardous and non-
equipment has been exposed below:	Comments:
I HAVE inspected/tested this equipme found it to be free of hazards.	ent using the appropriate procedures and
Signature: Print name:	Date: Phone: Title:

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