



Return Material Authorization Form

Please fill out the top portion of this form

Failure Date:	
RMA Approved By:	
Return Material S/N:	
Return Material P/N:	
Description:	

RMA Number

Customer Name:	
Customer Phone Number:	
Customer Address:	

Date Purchased:	
Dealer Name:	
Dealer Invoice Number:	

Customer Complaint:

Shipping Instructions

1 Include ONE copy of this RMA with the bill of lading and a SECOND copy enclosed in the package	2 Clearly mark the RMA number on the outside of the package	3 Ship only material that is authorized for return. Unauthorized returns will not be accepted.	4 Ship return material to the following address: <i>468 Southpoint Circle, Suite 100 Brownsburg, IN 46112</i>
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↓ For Fleece Performance Use Only ↓

	Date	Initials
Received		
Repair Start		
Repair Complete		
Shipped*		

*If material was replaced out of inventory
Replaced by Serial Number _____

Defect Confirmed: Yes No By: _____

Root Cause:	Initials:

Parts Replaced:	Initials:

Corrective Action:	Initials: