

RMA Request Form								
Contact Information								
Company:				Reques	ted By:	Date:		
Street Address:				Phone:	Phone:			
City, State, Country, Code:				E-mail:	E-mail:			
Main Phone:								
Returned Product Information (*Provide if available)								
Part #	Serial Number(s)*	Description			Original Order #*	Return Comment		
Return Codes:				•				
A - Incorrect Item Sent		E - Damaged in Shipping H - Duplicate Order						
B – Defective (Warranty	/ Claim)	F - Late I - Incorrect Item Ordered						
C - Not Satisfied		G – Inspect for Service/Repair			J – Other (describe in comments)			
Please return this form to Mechanical Research & Design, Incfor authorization to return the above items. Once your request is approved, an RMA # will be issued to you which needs to be included with your returned items. Please include a copy of this form with the returned product Note: Shipments arriving without an RMA number shall be subject to refusal! For assistance, please contact Customer Support — Customersupport@mechanicalresearch.com or (920)-684-5608								
RMA #:								
To be completed by Mechanical Research & Design, Inc. personnel:								
Assigned MRD Representa	tive:							
Received By:			Received I		ved Date:			
Disposition: (Select One)								
					Other: (Describe)			
Scrap	Nonconforming Product NPR#:	Re-Stock	Service Required (QSP820-1 Customer Process)	Return				
RMA Closed: (Initial)								