

Please ship return items to:
 Aircare Automation Inc.
 8204 North Lamar, Suite B-11
 Austin, Texas 78753
 U. S. A.

Tel: 512-249-7526
 Fax: 512-275-6155
 www.aircareautomation.com
 Email: info@aircareautomation.com

RMA Number _____
 Date Opened _____
 Date Received _____
 Date Closed _____



Return Material Authorization (RMA)

| Customer Information | | Sales Representative | |
|----------------------|--|----------------------|--|
| Company | | Company | |
| Address | | Address | |
| | | | |
| | | | |
| Contact | | Contact | |
| Phone | | Phone | |
| Fax | | Fax | |
| Email | | Email | |

| Return Material Information | | | |
|-----------------------------|---|--------------------------------------|---|
| Reason for Return | <input type="checkbox"/> Restock Unit, Charge 25% Restocking Fee | <input type="checkbox"/> Failed Unit | <input type="checkbox"/> Customer Request for Summary Report |
| Part Number | | Quantity | |
| Reference Number | | PO Number | |
| Reason for Return | | | |
| | | | |
| | | | |
| Information Provided | | | |
| | | | |
| | | | |

| Operations Action Program | | | | | |
|--|---------------------------------------|--|----------|--|-------------------------|
| Evaluation | <input type="checkbox"/> Restock Unit | <input type="checkbox"/> Tested Good | Initials | <input type="checkbox"/> OK to Restock | Date Restocked: |
| | | <input type="checkbox"/> Tested Bad | Initials | | |
| | <input type="checkbox"/> Failed Unit | <input type="checkbox"/> Functional Test | Initials | <input type="checkbox"/> No Credit | Date Customer Notified: |
| | | <input type="checkbox"/> Request Engineering FMA | Initials | | |
| Technician | | | Ops Mgr | | |
| Corrective Action / Containment Program | | | | | |
| | | | | | |
| <input type="checkbox"/> FMA Report Attached | | | | | |
| | | | | | |

| | | | |
|----------------|--|--|--|
| Results | <input type="checkbox"/> Credit Issued | <input type="checkbox"/> Unit Replaced | <input type="checkbox"/> Issued Report to Customer |
| Date | | | |