



**Please complete the following form in its entirety. An incomplete form may lead to delays in your order being processed.
Please submit one RMA form per case returned and include with and/or provide prior to any shipments returning to Spartek Systems.**

Return Merchandise Authorization

Equipment owner:

Return repair to:

From contact information:

Company contact:
Phone number:
Fax number:
Email:

To contact information:

Company contact:
Phone number:
Fax number:
Email:

Address shipment was sent from:

Ship to address:

Shipment date:

Courier name:

AWB #:

Date required:

Courier preference (if applicable):

Account #:

Repair estimate required?

Pre-approved repair value:

\$

Contents of shipment:		
Please include any data, reports, or additional information with your RMA that may assist with the repair.		
Qty	Serial number/ Item number:	Failure/issue/reason for return:
Additional comments:		

Return shipments:

- If returning failed equipment, please email RMA prior to shipment of equipment and include printed RMA with shipment.