



RMA#:	
Cust. ID #:	
Issue Date:	

Return To:	16W301 S Frontage Rd	<h1>RETURN MERCHANDISE AUTHORIZATION</h1>
	Burr Ridge IL 60527	
	Ph (630) 789-0990	
	Fax (630) 789-1380	
	www.wegenerwelding.com	

Bill to:		Ship to:	
Address Line 1:		Attention:	
Address Line 2:		Address Line 1:	
City, State & Zip:		Address Line 2:	
Phone:		City, State, & Zip:	
Email:		Phone:	
Send repair/replacement estimate to (name):			
Send estimate to (phone, fax, or email):			
Purchase order number (if required):			

Model #:		Serial #:	
Accessories Included (cables, chargers, etc.)			

<h2>Description of Problem (please be specific)</h2>

Is this a recurring problem?		How often?	
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<h2>Special Instructions/Additional Comments</h2>

**New customers must select payment method:			
Method of Payment (Visa, MC, AMEX, Discover, PO#):			
Customer Signature:		Date:	
RMA Issued By:		Date:	

We will contact you for credit card information after we troubleshoot your equipment. Repairs are not completed without your authorization. We recommend shipping your return products via a tracking courier such as UPS, FedEx, or US Certified Mail with insurance to ensure full credit. Be sure to use a sturdy safe box or use original packaging if available. Use one form for each piece of equipment to be repaired.

*****ENCLOSE THIS FORM IN BOX WITH EQUIPMENT TO BE REPAIRED*****