



RMA REQUEST FORM
RETURN MERCHANDISE AUTHORIZATION

RMA # _____
ASSIGNED

COMPLETE FORM WITH LEGIBLE INFORMATION
EMAIL TO: rmarequests@ventextech.com

DATE: _____ CONTACT: _____
 DISTRIBUTOR: _____ EMAIL: _____
 LOCATION: _____ FAX: _____
 Number of units requested to return: _____ PHONE: _____
 PO REFERENCE NUMBER: _____
**Denotes Out of Warranty
No credit will be issued for units marked*

PLEASE PROVIDE COMPLETE AND LEGIBLE INFORMATION BELOW IN ORDER TO RECEIVE RMA NUMBER.

MODEL #	SERIAL #	CUSTOMER NAME	CITY, STATE

ALL UNITS MUST BE SHIPPED TO COLUMBIA, SC FOR PROCESSING.
VENTEX TECHNOLOGY, LLC
ATTN: MORGAN CROOK
308 WINDWARD POINT RD.
COLUMBIA, SC 29212

Please provide accurate and complete customer information. Any incomplete information could delay the processing of your RMA.
Lightning strikes, incorrect power, power surges, cutting the power cord and cutting primary or secondary wire less than 2" will void the warranty.
All RMA credits are subject to review.
INCLUDE A COPY OF THIS RMA FORM WITH THE SHIPMENT.

FOR VENTEX USE ONLY

DATE RMA # ASSIGNED: _____ RMA ISSUED BY: _____
 UNITS APPROVED FOR RETURN: _____ DATE PRODUCT RECEIVED: _____
 DATE CREDIT ISSUED: _____ TOTAL CREDIT ISSUED: _____

308 WINDWARD POINT RD. COLUMBIA, SC 29212
 PHONE: (803) 794-8061 EMAIL: rmarequests@ventextech.com