RMA Request Form

Date Requested: Requested By:

Company Name:	
Customer Contact Name:	
Street Address:	
City, State Zip:	
Contact Phone:	
Customer Email or Fax:	
Original Purchase Order:	Unit Price:
Sales person:	
Quantity Returned:	☐ Repair & Replace ☐ Issue Credit

Product Information

Part Number:	Serial Number:	Defect Description:

Please fax the completed document to RMA Processing, at 641-228-2826 or email it to RMA@bluecubelcd.com and a Return Material Authorization will be forwarded to the contact listed above. Thank you!