

RMA REQUEST FORM

STaSIS Engineering, Inc. 29647 Arnold Drive Sonoma, CA 95476

Internal Use Only	
RMA#	
Invoicet#	

PLEASE COMPLETE AND FAX TO 707-935-9711

Company Name:		Date:	
Contact Name:		Location Address:	
Phone #:			
Email:		Fax #:	

PLEASE FILL OUT COMPLETELY!!!

INCLUDE ORIGINAL PO# USED!!!!

Qty.	Part #	Purchase to Fit:				Detailed Reason for Return	If found Defective By STaSIS		If Found Not Defective By STaSIS (No-Credit)	
		Make	Model	Year	Engine		Requesting: (choose one)		Requesting: (choose one)	
						Credit	Replace	Return	Scrap	

1. An RMA (Return Merchandise Authorization) number will be provided upon receipt of completed and signed RMA request form **prior to the return of any product**.
2. RMA number cannot be issued if customer account is out of terms.
3. RMA number must be clearly displayed on packages and shipping documents.
4. 20% restocking charge will be assessed on all returns other than STaSIS error.
5. Freight to be prepaid on all returns; COD or collect returns will be refused. Ground freight for return to customer will be prepaid only on defective or mismarked products only.
6. Every part returned to STaSIS for warranty replacement or credit will be tested to determine if the part is defective. If the part is found to be within specifications (**not defective**) no credit will be issued and the part will be **returned to sender** at customer's freight expense or scrapped depending on customer's indication above.

By signing below the signer confirms that they understand and agree to the above terms and conditions and they are authorized by their company to do so.

Name (Print): _____

SIGNATURE _____ **DATE** _____