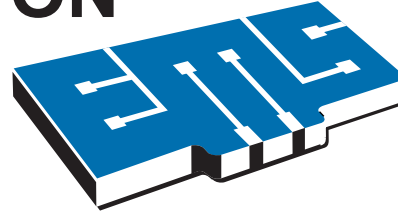


HARRINGTON

Electronic
Manufacturing
Solutions



ALL INFORMATION WITH ** IS REQUIRED FOR AN RMA # TO BE ISSUED

RETURN MATERIAL AUTHORIZATION

DATE: _____ RETURN FOR: CREDIT REPAIR RMA # _____
 CUSTOMER #: _____ **PO # _____

COMPANY: _____
 ADDRESS: _____

REQUIRED FOR CHARGES INCURRED IN THE EVENT THE UNIT IS OUT OF WARRANTY
 CONTACT NAME: _____
 PHONE: _____
 FAX : _____
 E-MAIL: _____

PLEASE FILL IN ALL AREAS TO OBTAIN AN RMA#

(If returning for CREDIT, an original order #, invoice #, or original customer PO# is **REQUIRED**)

PART # OR MODEL #	DATE CODE	SERIAL #	LENGTH OF TIME UNIT IN SERVICE ¹	ORIGINAL ORDER#/PO# OR INVOICE #	Circumstances under which failure occurred			
					During New Installation	Addition to current installation	While performing service	During normal operation

¹ Length of time unit was in service before the failure

COMMENTS: _____

NO RMA WILL BE ISSUED WITHOUT ALL REQUIRED INFORMATION

DOC#: RMA-003

