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RMA FORM

SECTION 1

Customer Name: _____

Date: _____ **Customer RMA No:** _____

Invoice Ship to Address: _____

Contact Name: _____ **Contact Phone:** _____

Email Address: _____

OTHER INFORMATION

Customer	LAIRD
Purchase Order No: _____	Order No: _____
Your Part No: _____	Invoice No: _____

PRODUCT INFORMATION

LAIRD Part No: _____ **Quantity:** _____

Description: _____

LAIRD Model/Serial No: _____

REASON FOR RETURN

RMA No - LAIRD USE ONLY	
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On receipt of the **LAIRD RMA Number** please promptly return the product and any packaging materials securely packed and carriage **FOB to LAIRD** for examination.

LAIRD will investigate your return and will report any conclusions made as soon as possible bearing in mind the product may have to be returned to a manufacturer's facility for failure analysis in the Far East. Should the failure be attributed to customer error **LAIRD** reserves the right to re-invoice the product, charge for any repair requested and charge for any carriage cost.

LAIRD Standard Terms & Conditions apply.

SECTION 2 (Part 1) - For LAIRD Use Only

Approved: _____ **Authorized:** _____ **Date:** _____

****Please note that this RMA will expire 30 days after the issue date. If the items on this RMA are not returned within the said 30 day period this RMA will automatically be canceled and you will need to resubmit your request for RMA.**