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**For DakTech Use Only**  
 RMA # \_\_\_\_\_  
 Date: \_\_\_\_\_  
 RMA # is valid for 14 days, product must be returned within this time.

## RETURN MERCHANDISE AUTHORIZATION FORM

**Customer Name:** \_\_\_\_\_

**Sales Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_

**Shipping Address 1:** \_\_\_\_\_ **Billing Address 1:** \_\_\_\_\_

**Shipping Address 2:** \_\_\_\_\_ **Billing Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Invoice #	Order #	Sales Rep.	Invoice Date	Customer #

Qty	Item Number	Part Description	Part Serial Number	(Displays only) Mfg date	Detailed Description of Problem

**Please fax completed form to 701-282-9690  
 Or email to your sales representative.**