



# Material Return Authorization Form

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When requesting repair/replacement and/or evaluation services, an RMA (Return Material Authorization) Number is **REQUIRED** for **ALL** items being sent in. Please fill out the following information, with as much detail as possible, about your equipment and its application, and return along with any other available material, by email to: [service@thermalsolutionsoftexas.com](mailto:service@thermalsolutionsoftexas.com), or by fax to: (281) 351-4324. You will be notified with an RMA Number as well as an address of where to send the material.

## CUSTOMER INFORMATION

Current Customer?  YES  NO

COMPANY NAME:		CUSTOMER CONTACT NAME:		
PHONE NUMBER	FAX NUMBER	POINT OF CONTACT – EMAIL ADDRESS		
BILLING ADDRESS		BILL TO CITY	BILL TO STATE	BILL TO ZIP
ORIGINAL PURCHASE ORDER		ORIGINALLY ORDERED BY	ORIGINAL DATE OF ORDER	

## EQUIPMENT INFORMATION

MANUFACTURING PART NUMBER	TSOT ITEM NUMBER	QTY	REASON FOR RETURN			
			<input type="checkbox"/> REPAIR	<input type="checkbox"/> EXCHANGE	<input type="checkbox"/> LOANER	<input type="checkbox"/> ACCT CREDIT
			<input type="checkbox"/> REPAIR	<input type="checkbox"/> EXCHANGE	<input type="checkbox"/> LOANER	<input type="checkbox"/> ACCT CREDIT
			<input type="checkbox"/> REPAIR	<input type="checkbox"/> EXCHANGE	<input type="checkbox"/> LOANER	<input type="checkbox"/> ACCT CREDIT
ADDITIONAL INFORMATION IF NECESSARY						
APPLICATION USED						
FREIGHT CHARGES <input type="checkbox"/> PREPAID & ADD <input type="checkbox"/> WARRANTY, NO CHARGE <input type="checkbox"/> COLLECT – Enter Account No. _____					ACCOUNT NO. / FREIGHT CARRIER	

## CUSTOMER PURCHASE ORDER

<b>IMPORTANT - PLEASE NOTE: Thermal Solutions requires a purchase order on all service requests. An estimate of service charges will be sent prior to any work performed. No request will be processed without a PO No.</b>			REPAIR PURCHASE ORDER NUMBER	
PURCHASING CONTACT NAME		EMAIL ADDRESS		PHONE NUMBER
SIGNATURE OF APPROVING AUTHORITY		PRINT NAME	TITLE	DATE SENT

Signature of customer representative with authority to approve repairs, loaners, exchange or returns is required for all RMA requests, along with an approved purchase order. Signature acknowledges the terms outlined in this document. **SIGNATURE IS REQUIRED.**

## FOR OFFICE USE ONLY ————— DO NOT WRITE BELOW THIS LINE

DATE REQUEST RECEIVED	DATE MATERIAL RECEIVED	RMA NUMBER ASSIGNED	TSOT CONTACT NAME	
DATE PROCESSED	DATE RETURNED	TRACKING NUMBER	INVOICE NUMBER	INVOICE DATE