



Return Material Authorization Request Form

Customer Details - Please provide customer information below

Company name _____ Contact: _____

Shipping Address: _____ City/State/Zip _____

Tel: _____ Fax: _____ Email: _____

Date RMA requested _____ Requested by: _____

Purchase Order No.(optional) _____

Others: _____

Shipping Information

The default shipping method is UPS ground service, prepaid and added to the invoice, unless specified below

UPS 1 Day 2 Days 3 Days

UPS Collect Account # _____

Fedex 1 Day 2 Days 3 Days

Fedex Collect Account # _____

Return/Repaid Information - Please provide all information below, so that we might better serve you!

Model Number	Date Code	Serial Number	Original Inv.No.	Reason for Return/Repaid

Customers are notified of the RMA# and any cost by email, within 48hours.

Use extreme care in packing returns - IMS is not responsible for any damages during transit.