

RMA#: _____

RMA given by: _____

RMA Request Form

Inter-Pacific, Inc
250 Chaddick Dr.
Wheeling, IL 60090
Office (847) 808-2100 Fax (847) 808-2103
www.inter-pacific.com



Company: _____

Address: _____

City, State, Zip: _____

Tel: _____

FAX: _____

Date: _____

Contact: _____

Ship to:
Inter-Pacific, Inc
ATTN: Customer Service
250 Chaddick Dr.
Wheeling, IL 60090

* Please fill out this form and fax along with copy of original invoice to Inter-Pacific to receive your RMA#

* No RMA will be issued without all related invoice # (and/or) serial # for each item to be returned.

Item ID	Description	Quantity	Invoice #	Serial #	Problem Description
1					
2					
3					
4					
5					
6					
7					
8					

Remarks: _____

Repair: ____ Exchange: ____ Credit: ____ Refund: ____ Advanced Replacement: ____

RMA Policy

- No RMA will be issued without related invoice # and/or serial # for items to be returned
- Returned merchandise without an RMA# will not guarantee a credit or a response
- A re-stocking fee of 15% will apply on returned non-defective items within 14 days from date of purchase in perfect unused condition, in original packaging, and including all accessories. For defective items, refer to our warranty policy for detailed warranty service information at www.inter-pacific.com (repair/replace only).
- Ship returns freight prepaid and insured through a traceable carrier

Customer Signature: _____

Date: _____