

17171 Daimler Street | Irvine, California 92614 | 800.443.3842 | FAX949.752.9658

## RMA REPAIR REQUEST

ALL FIELDS WITH (\*) MUST BE FILLED OUT IN ORDER TO RECEIVE AN RMA NUMBER. PLEASE E-MAIL THIS REQUEST ONCE FILLED OUT TO: INFO@MAXAIR-SYSTEMS.COM.

Date: (*)				RMA #	
	Ship to:				
Acct Name (*)					
Attn: (*)					
Title: (*)					
Address (*)					
Phone (*)					
E-mail (*)					
• •					
MAXAIR REP Nar	me (*)				
E-mail (*)	· ·				
L-man ( )	-				
	Notes:			tructions written here	
	DESCRIPTION	PROD	OUCT # / ON# (*)	SERIAL NUMBER (*) (IF APPLICABLE)	LOT NUMBER (*) (IF APPLICABLE)
				(IF AFFLICABLE)	(IF AFFLICABLE)