



RMA Request

Please complete and fax to Brooks Mosher at 512.491.9122

Company Information

Contact Name:

Company:

Phone: Fax:

Email:

Billing

Address: Suite:

City: State: Zip: Country:

Attention:

Shipping

Address: Suite:

City: State: Zip: Country:

Attention: Phone Number:

Return Information

Date of Request: Date of Purchase: Invoice Number:

| Product Name | Part Number | Serial Number | Reason for Return |
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Important: RMA's are valid for 30 days, after which the RMA will be deleted if not received. Returns without an RMA will be refused and will not be processed. Please ship returns to Return Dept., Element Labs, Inc., and clearly mark each package or container with the assigned RMA number. Element Labs is not responsible for poor packaging or damages during transit to our facility.