


This is an interactive PDF form Please click the Blue Fields to type*



FOR OFFICE USE ONLY	
RMA Number	
Date Issued	
Issued By	

Order Number

Company Information (* = required fields)	
 Please fill out this section using branch location only, where the item was originally sold.	
*Company:	*Contact:
*Address:	*City/State:
*Postal/Zip Code:	*Telephone:
*Fax:	*Email:

Please Note:

Please return all accessories and box from the original sale, if accessories are not available the item will be returned “replaced or repaired” in the way that it arrived. Items that you wish to be credited will have a \$40 restock charge if accessories are not returned.

	*Part #	*Item Description	*Quantity	Tech support case number
1				
2				
3				
4				
5				

Description of Problem*	
1	
2	
3	
4	
5	

Special Instructions.

Please fill out the RMA form and return it to support@el-usa.com.
Once the RMA is issued in response from Eline, please add provided RMA number to form and place a copy in the box prior to ship out. All RMA's will require a form to be processed.

Please note that only sections with an asterisk are required but the more information given the better. This will help Eline easily distinguish between branch locations and speed up your RMA times, credits and replacements. Please call 1-800-683-6835 with any additional questions. We appreciate your time and business.

Request: Credit_____ Replace_____

Notes:

Address: Ship RMA's to
eLine Technology
9500 w 49th ave
Whear Ridge, CO 80033

www.elinetechnology.com

Phone: 800.683.6835
Fax: 561.288.5257

Contact name for questions

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