



# RMA / Core Exchange Request Form

Date: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Quantity	Model #	Serial #

Type of Return:     Credit     Exchange     Warranty Repair     Non-Warranty Repair

Detailed Reason for Return:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature for Authorizing Repair (type if filing via email)

\_\_\_\_\_  
Date

Send completed form to MRO Electric via email at [Sales@mroelectric.com](mailto:Sales@mroelectric.com) or fax to **919-415-1614**.

Ship product(s) to:    **Attn: RMA**  
                                  **MRO Repair**  
                                  **1652 Old Apex Road**  
                                  **Cary, NC 27513**

For Internal Use Only		
Received By: _____	Received on: _____	Notes: _____ _____ _____
Replacement Sent: Y / N	Sent on: _____	
Restocking Fee: _____	Credit Amount: _____	
Incoming ___    Outgoing ___	COG: _____	