

Core Product Return Form

RMA # _____

Contact Information

Company: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

MSDS Requirement:

All returned product must either be free of liquids (i.e. oils, grease) and contaminating substances OR accompanied by the appropriate MSDS. Otherwise, the RMA will not be processed.

Product free of contaminants

MSDS provided

Product Information

Part number, serial number/date code, reason for return, and MSDS requirement compliance are required.

Part Number: _____ Serial Number or Date Code: _____

Order Number: _____ If applicable, Process Material: _____

Reason for Return

Describe concern and/or reason for return. If applicable, include the following: specific symptoms, tests and troubleshooting used to determine that device is not functioning, and associated devices.

Signature: _____ Date: _____

Standard Warranty Coverage

In order to qualify for warranty coverage, this form must accompany any returned product.

Core products are covered under warranty for a period of 12 months from the ship date.

Note: Return form to RSCSR@invensys.com. Customer service will assign the RMA number after the completed form is received.