

Express Systems RMA Request Form



732-928-1000 FAX# 732-928-1228

RMA# _____

Contact: _____

640 HERMAN ROAD, BUILDING #5,
JACKSON, NJ 08527

Email rmadept@express-inc.com

ESP will issue RMA# and fax or email it back to requestor

Please complete this form and return by fax to (732) 928-1228 or rmadept@express-inc.com

We will promptly return this form back to you with the return authorization number.

Express Invoice# or Order# is mandatory for processing ☺

Please ship items securely packaged, preferably in the original cartons, with all accessories, to the address above.

Please have your RMA# clearly marked on the shipping label.

Unauthorized returns will be rejected immediately at the shipping dock

COMPANY NAME: _____ ACCT# _____

CONTACT: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ EMAIL _____

INVOICE# _____ ORDER# _____ PO# _____

QTY	PART#	PRODUCT DESCRIPTION	SERIAL#	PROBLEM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RETURN TYPE: REPLACE _____ REPAIR _____ CREDIT _____

** MAY BE SUBJECT TO 15% RESTOCK FEE ON NON-DEFECTIVE RETURNS
CREDITS APPLIED UPON RECEIPT OF GOODS! NO CREDIT ON FREIGHT CHARGES

Additional Comments: _____

EXPRESS USE ONLY

REPLACING ITEM YES NO SHIP TO: _____

ADDRESS: _____

CREDITING ITEM YES NO ADDRESS: _____

CTY/ST/ZIP: _____

REPAIRING ITEM YES NO CONTACT: _____

ITEMS REPLACING: _____ REPLACEMENT SHIP DATE ___/___/___

WHEN EQUIPMENT IS RETURNED TO EXPRESS

RETURN DIRECTLY TO STOCK _____ RETURN TO VENDOR _____ REF# _____

REPAIR AND RETURN TO CUSTOMER _____ BILL REPAIRS _____ BILL SHIPPING _____

NOTES _____