



**RMA Request Form**

This RMA Request Form is not an authorization to return any product. This form is used only as a request to obtain an authorized RMA number. An authorized RMA number must be issued prior to shipping any products to CIRS. All CIRS RMA numbers are valid for 30 days. Products received after 30 days or with unreported physical damage to the product(s) may be refused. In addition, CIRS reserves the right to refuse any product returns that differ from the information contained on this form. Please print this page and complete all items in full. Make sure it is legible and complete. You will be contacted by a customer service representative after receipt of this form.

Please fax back to (757) 857-0523 or email the form to [rma@cirsonc.com](mailto:rma@cirsonc.com).

**Customer Information**

Name:

Address:

City, State, Zip, Country:

Phone:

Email:

**Explanation for item to be sent to CIRS:**

- Item is being returned for Recertification as described in User's Guide.
- Item is being sent to be used in order. PO#: \_\_\_\_\_
- Item is being sent so that a quotation can be provided.
- Item is Defective. Explain below
- Incorrect item was sent
- Incorrect item was ordered
- Item was damaged in shipping
- Item is not wanted
- Other - Please explain: \_\_\_\_\_

**Item(s) Description:**

Part#: \_\_\_\_\_ Item Description: \_\_\_\_\_

Part#: \_\_\_\_\_ Item Description: \_\_\_\_\_

CIRS Invoice Number: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Has the product been used?  Yes  No If Yes, how long and how has product been used?

Is the product in the original packaging:  Yes  No

Are all accessories, manuals, documentation and registration that shipped with the product included?

Yes  No

Please use back of form for additional comments.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_