

5701 Smithway Street  
City of Commerce, CA 90040



Phone (323) 726-0888  
Fax (323) 726-8224

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## R.M.A. REQUEST FORM

(ALL fields are MANDATORY, and blank space will result in delay of response)

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Customer Co. Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Customer Location: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Customer P.O. #: \_\_\_\_\_

MGM Invoice or S.O. #: \_\_\_\_\_

Ship Date of Original P.O. \_\_\_\_\_

Unit / KVA & Voltage: \_\_\_\_\_

Serial Number(s): \_\_\_\_\_

### DESCRIPTION OF TROUBLE: (in detail please)

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### MATERIAL CONDITION

Please State "Yes" or "No" to the following:

Installed: \_\_\_\_\_ Original Condition: \_\_\_\_\_ Holes / Punchouts: \_\_\_\_\_

Loose Screws: \_\_\_\_\_ Scratches: \_\_\_\_\_ Missing Panels: \_\_\_\_\_

Damaged Case: \_\_\_\_\_ Internal Damage: \_\_\_\_\_ Possible Defect: \_\_\_\_\_

Response of a RMA usually takes 1 week. If you need a faster response time please let us know.