



Internal Use Only

RMA Number:

Authorized By:

Date:

Company Name:

Contact:

Tel:

Cell:

Alternate Contact (if applicable): Name:

Phone:

SHIPPING ADDRESS: Street:

City:

State:

Zip Code:

BILLING ADDRESS: Street:

City:

State:

Zip Code:

Equipment Description if Possible (Make/Model/Serial Number):

If possible, please provide a description of the problem:

Please fill out this form and include in repair shipment or email back to Microwave Advances

Email: repairs@microwaveadvances.com

www.microwaveadvances.com

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