

TEMA Isenmann, Inc.
2269 Danforth Drive, Lexington, KY 40511

Phone No.: 606-252-0613
Fax No.: 606-254-9877

RETURNED MATERIALS AUTHORIZATION

Return Materials Authorization (RMA) Number _____ Date _____

TO RETURN GOODS FOR WARRANTY CLAIMS:

1. Completed form must accompany shipment for consideration.
2. Fill out the top half of the form.
3. Contact freight company listed below for shipping to TEMA Isenmann, Inc.
4. Ship freight collect.
5. All information is required on this form for credit or exchange.

Dealer Name and Address

Customer Name and Address

Dealer Contact: _____

TEMA Invoice Number: _____

Purchase Order Number: _____

TEMA Job Number: _____

Return Instructions: _____

PRODUCT DESCRIPTION

Reason for Return (To Be Completed By Dealer/Customer): _____

FOR TEMA ISENMANN USE ONLY

Return Authorized by: _____ Date: _____

Date Received in Shipping: _____ By: _____ Complete: Y or N

Inspection / Disposition _____

Replacement Goods Invoice No. _____

Restock Y or N Full _____ Partial _____ Date _____ By _____

Inventory Adjustment Y or N Date _____ By _____