



RMA Request Form

RMA#

PLEASE SEE ATTACHED RMA TERMS & CONDITIONS FOR ADDITIONAL DETAILS

Date: _____

Contact Person: _____

Company Name: _____

Phone: _____ Fax: _____

Email (required for return label): _____

Shipping Address

Address 1: _____

Address 2: _____

City: _____

State/Country: _____ Zip Code: _____

Quantity	Model #	Serial #	Invoice Date	Invoice #

Type of Return: Credit Exchange Upgrade Warranty Repair Non-Warranty Repair

Detailed reason for this return: _____

We will make every reasonable attempt to resolve the problem to your satisfaction. If necessary, we will contact you after you submit this request by email or fax. If we do issue an RMA number, it will expire in 30 days. All sales are final after 30 days. For each unit returned and found to meet all functional requirements, you agree to pay a \$100 evaluation fee and the return shipping charges as outlined in the terms and conditions.

By typing your name below, you agree to Masterclock's RMA terms and conditions. You also acknowledge that you have read and understand the RMA terms and conditions.

_____ _____

Signature for authorizing repair (type if filing via email) Date

Send completed form to Masterclock via email support@masterclock.com or fax 636-724-3776. Ship product(s) to: Attn: RMA# _____

Masterclock Inc
 2484 West Clay Street
 Saint Charles, MO 63301

For Internal Use Only	
Received By: _____	Received On: _____
Replacement Sent: Y / N	Sent On: _____
Restocking Fee: _____	Credit Amount: _____
Incoming _____ Outgoing _____	COG: _____
Notes: _____	