

RMA#

* Items Must Be Filled In

Customer Information

*Company:	
Address:	
City, State, Zip	
*Contact:	
*Phone No.:	
Email:	

Product Information

*Part Number:			
(If Applicable) *Serial # :			
*Quantity:			
Date of Purchase:			
Invoice/PO #:			
*Date of Install:			
Warranty	<input type="checkbox"/>	Repair/Refurb	<input type="checkbox"/>

Fill in only the following fields that apply to your case.

Received Damaged Goods

Total # of Items Damaged:	
Name of Carrier:	
Prior Carrier damage experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No **Collect Shipment Customers Must File Claim**

You must provide photos of the following:

Photo(s) of all damaged product(s)	<input type="checkbox"/> Yes	Photo(s) of inside of box	<input type="checkbox"/> Yes
Photo of Visionaire shipping label	<input type="checkbox"/> Yes	Photo(s) of outside of box	<input type="checkbox"/> Yes
Photo(s) of pallet or Crate	<input type="checkbox"/> Yes	Photo(s) pallet packing	<input type="checkbox"/>

Operational Failure

Yr/Make/Model of Machine:			
Hydraulic PSI at idle / operating spec:			
Hydraulic Flow at idle / operating spec:			
Machine voltage:			
Hours on the machine:			
Type of Operating Environment:			
Broken components?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burning smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vibration?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			

You must provide photos of the following:

Photo(s) of installation	<input type="checkbox"/> Yes	Photo(s) of visible component damage	<input type="checkbox"/> Yes
Photo(s) of wiring connections	<input type="checkbox"/> Yes		