

MATERIAL RETURN AUTHORIZATION (MRA) FORM

MRA #	To be filled in by factory	Date:	
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Return to:

Customer Name	
Address	
City	
State	
Zip	
Phone	
Fax	

Contact:

Name	
Contact Info	
(if Different from Above)	

Product:

Type Material (Meters, Correctors, Regulators etc.)	
Serial Numbers	

Comments:

Describe problems, situation that lead to problem, attempts to rectify issue in field etc:

Ship product with RMA# on Box to:

**IMAC Systems Repairs Dept.
Attn:Jason Rosen RMA#XX-XX-XX-XX
90 Main Street
Tullytown, PA 19007**

Fax Completed RMA to:

**Jason Rosen
240-250-8907**

Questions, Call: 617-290-2134