

MODINE GAS OR PROPANE DUCT FURANCES WARRANTY & RMA REQUEST FORM

Form must be completed prior to receiving a Customer Return Materials Authorization Number & returning defective part(s). All parts are shipped directly back to manufacturer, not EPS.

CUSTOMER NAME _____ EPS PO# _____
 MODEL # _____ S/N: _____ Date Installed: _____

Request received by Tuc _____ Received on _____

Customer Details	
Company _____	Contact _____ ID _____
Address _____	Phone _____ Fax _____
_____	Email _____
City _____	State _____ Zip _____

Product Details						
Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
DESCRIBE PROBLEM:						

For internal use only			
RMA # _____	Restocking fee _____	Credit amount _____	
Issued by _____	Return rec'd on _____	Credit issued by _____	
Issued on _____	Return rec'd by _____	Credit issued on _____	
Good until _____		Replacement sent _____	