

REYNOLDS EQUIPMENT RMA FORM

9030 Monroe Road
Houston, TX 77061
Ph: 713-844-1350
Fax: 713-844-1384

Website: www.reynoldsequipment.com

Date: _____
Company Name: _____
Phone #: _____
Email: _____

Contact: _____
Fax #: _____

Bill to Address: _____

Ship to Address: _____

Method of Payment: MasterCard, Visa, Amex:

Indicate card type: _____

Credit Card # _____

Expiration Date: _____

Card Holder Name: _____

Company Name: _____

NET 30 Account, Include P.O.# _____

Item) Model# _____

Serial # _____

Describe Problem: _____

Return this completed form to REYNOLDS EQUIPMENT via FAX OR PLACE IN BOX AT TIME OF SHIPPING
Once the item has been received in, an RMA # will be assigned and faxed back to you for your records. After it has been evaluated, you will be contacted for authorization and method of payment and shipping instructions before the actual repairs are done. When inquiring about this order please refer to the assigned RMA number.

ASSIGNED RMA# _____ Assigned By: _____ Date: _____