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RMA Request Form

Date: _____

Company: _____

Location: _____

Contact: _____

Phone: _____

Distributor: _____

Fax: _____

Email: _____

Item #1

Model #: _____ **Qty:** _____

Serial #(s) _____

Reason for Return: _____

Item #2

Model #: _____ **Qty:** _____

Serial #(s) _____

Reason for Return: _____

Please include this information on a separate sheet of paper if additional items are needed.

Please fill in all applicable information and return this form. Once processed, you will be contacted by a BinMaster Technical Services representative and issued an RMA number. Please do not send any items to BinMaster without an RMA number clearly marked on the outside of the package.