



PRE-RETURN AUTHORIZATION FORM

(Please make additional copies of this form for future use.)

Mailing address

Attn: Return Authorizations

3505 Hutchinson Road • Cumming, GA 30040 • Phone: 800/633-0405 • Fax: 770/889-8672

In-warranty failure and 30-day money-back returns

Please do not use this form for suspected failures on IronHorse motors, Drives, C-more or EZ-Touch panels. Please contact our technical support staff at (800) 633-0405. For a suspected failure on Marathon motors please contact (800) 254-4207 or (715) 675-3311 for assistance. 30-day returns are not allowed on Marathon motors or re-manufactured products.

If you are requesting to return a product, please fill out all information and fax or mail this form to our Return Authorization Center. Once we receive this form, we will act promptly and issue a RA number. After receiving your RA number, please follow these steps:

1. Use the completed RA form issued to you as a packing slip. Fold the form so that our address is visible. Write the RA number on the outside of the shipping box, not the product box. This information is necessary to assure that the shipment will be received properly by our warehouse. Please return product within two weeks after RA number is issued.
2. Products must be returned in the original boxes in like-new condition.
3. Return all documentation, cables and other components included with the original parts.
4. Do not mark or write on the original product boxes.
5. Use an appropriate shipping container to avoid product damage.
6. Do not ship partial shipments. Return must be complete.
7. Return only products that are issued to that RA. Additional products that are sent without approval may be returned to the customer.
8. Please make sure to return the parts to the appropriate address shown at the top of the RA.

If you follow these procedures, your refund, replacement or credit will not be delayed. Shipments that do not follow the above procedures may be returned to sender and/or restocking and refurbishing charges may be incurred.

General Information

Company name: _____

Contact person: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Product Information

Part number: _____ Part number: _____ Part number: _____

Quantity: _____ Quantity: _____ Quantity: _____

Date code: _____ Date code: _____ Date code: _____

Located on white label of item — four-digit number ie. 0020-9912-001A

Reason for return: _____

Explain problems encountered: _____

Original PO number or invoice number: _____

Replacement Information

Part number: _____ Part number: _____ Part number: _____

Quantity: _____ Quantity: _____ Quantity: _____

Shipping Information

Address to ship replacement: _____

City: _____ State: _____ Zip code: _____

Attention: _____

Is there a new P.O. number to ship replacement or can original number be used if provided? Yes No

What billing and shipping method do you prefer? _____

PRE-RETURN AUTHORIZATION FORM