RETURN MERCHANDISE AUTHORIZATION FORM



Return Materials Authorization (RMA) form is required for all equipment and part returned to Frakco, Inc. RMA forms are typically processed within 7-10 business days of receipt. Incomplete or missing information may hinder the processing of your RMA request. Please complete the RMA form entirely, sign, and date, then email to: sara@frakco.com. For questions, please call 507-283-4416.

		CONTA	CT INF	-ORMATIOI	N		
Company Nan	ne:						
Attention:							
Address:							
Address 2:							
City:		Sta	ate:		Zip:		
Item Serial Nu	mber:						
Email:		Ph	one:				
Signature:		Da	ite:				
		REAS	ON FO	R RETURN			
	☐ Warranty Re	_		arranty Repair		Return	
		PRODU	JCT INI	FORMATIO	N		
Item Number			Item Des				Quantity
				·			
	1						
	1						
	1						
	†						
		RE'	TURN	REASON			
		FOR (OFFICE	USE ONLY			
RMA Number		Item Returned:	Yes	No	Date RN	MA Received:	
Issued by:		Serviced by:			Date Cr	edit Issued:	
Resolution:	Credit Replacement	Refund Decli		eturn			
		TEST	ING CO	OMPLETED			
Frakco.	Inc. 500 N Blue N	Aound Ave. Lu	iverne.	MN 56156 1	507-283-4	1416 www.1	rakco.com