



RETURN MATERIAL AUTHORIZATION FORM (RMA)

RMA #:

Date Request Rcvd:

Date Assigned:

Please complete sections A, B, and C on this form in its entirety before submission or request will be returned. When completed, fax document to 336.661.9895 to the attention of Technical Service.

A. Company/Distributor Name: _____

Customer/Store Name: _____

Machine Model #: _____ S/N#: _____ Install Date: _____

B. Machine & Parts To Return: **Must include Carpigiani Invoice # Where Originally Ordered**

Invoice#	Qty	Part#	Description	Reason for Return (Explain Defect)

C. Contact Information:

Form Prepared by: _____ Phone#: _____ Fax#: _____

Email: _____

Return Material By:

Return to Following Address:

Carpigiani
Attn: RMAs
3760 Industrial Drive
Winston-Salem, NC 27105

Carpigiani Office Use Only

RMA request approved/rejected by: <input type="text"/>	NOTES:
Date: <input type="text"/>	
Reimburse Freight Charges: Yes <input type="checkbox"/> No <input type="checkbox"/> Amt: <input type="text"/>	
Apply 20% Restocking Fee: Yes <input type="checkbox"/> No <input type="checkbox"/> Amt: <input type="text"/>	
Charges to be applied: Labor Amt: <input type="text"/>	
(Call Tag Issued) Freight Amt: <input type="text"/>	
Return to Warehouse #: 50 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> Scrap <input type="checkbox"/>	