



6393 Powers Avenue  
Jacksonville, FL 32217  
p. 800.961.7370  
f. 800.961.7379

# RMA Request Form

Please fill out form completely and fax to 800-961-7379 or email to [custserv.jax@solerpalau.com](mailto:custserv.jax@solerpalau.com)

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**Quantity of unit(s) to be returned:** \_\_\_\_\_

**Unit(s) to be returned:**

**Problem with unit(s):**

**PO# unit(s) purchased on:** \_\_\_\_\_

**Address to be shipped to:**

**Email address or fax number RMA should be sent to:** \_\_\_\_\_

**IMPORTANT:**

When you receive the RMA via fax or email please send the products back to the appropriate address with the RMA, we will need this to ensure appropriate credit is applied.