



Power Door Products, Inc.  
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### Customer Return Merchandise Authorization

Date of return \_\_\_\_\_ RMA # \_\_\_\_\_

Customer Details			
Company	_____	Contact	_____
Address	_____	Phone	_____ Fax _____
	_____	Email	_____
City	_____	State	_____ Zip _____

MODEL #	DESCRIPTION OF PART	OPERATOR SERIAL #	Qty
_____	_____	_____	_____
_____	_____	_____	_____

ORIGINAL SO # OF ITEMS PURCHASED	INVOICE #	REASON FOR RETURN
_____	_____	_____
_____	_____	_____

HAS A REPLACEMENT PART ALREADY BEEN RECEIVED? \_\_\_\_\_

REPLACEMENT SO# (IF YOU ALREADY PURCHASED REPLACEMENT PART) \_\_\_\_\_

ACTION REQUIRED		
Return for repair	_____	Return for credit
		Replace with another part
		_____

Effective immediately, before returning any products to PDP you must call us to obtain a **Return Merchandise Authorization Number**. **NO** Credits or replacements will be issued unless this form is completed, returned with a copy of the original S.O. or Invoice Number, and included with the part that is being returned. Please write the RMA number clearly on the outside of the box. Returns that are not due to defective equipment or shipped in error are subject to a \$25.00 or 25% restocking fee depending on the item. All returns must be received within 30 days of purchase. **THIS FORM MUST BE COMPLETED TO PROCESS YOUR RETURN.**

Thank you for your cooperation  
 Returns Department