

MODINE GAS OR PROPANE DUCT FURANCES WARRANTY & RMA REQUEST FORM

Form must be completed prior to receiving a Customer Return Materials Authorization Number and returning defective part(s). All parts are shipped directly back to manufacturer, not DXair.

CUSTOMER NAME _____ PO # _____

MODEL # _____ S/N: _____ Date Installed: _____

Request received by _____ Received on _____

Customer Details

Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

Product Details

Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**DESCRIBE
PROBLEM:**

For internal use only

RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
Good until _____		Replacement sent _____