



R.F. Systems, Inc.
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REQUEST FOR RMA#

Company Name _____
Company Address _____
Company City, State, & Zip or Postal Code _____
Fax # _____

Part Numbers to be repaired _____

Number of Products to be repaired: _____

Repair Requirements (to the best of your ability, please describe what the product was doing or wasn't doing).

If products need repaired, do you want to be called if there is a fee involved?
Circle One: YES NO

Date products were purchased: _____

Were these parts purchased directly from R.F. Systems, Inc. or a distributor?
Circle One: R.F. Systems, Inc. Distributer _____
Don't Know

*COPIES OF INVOICE(S), WITH PRODUCTS CLEARLY LISTED, MUST ACCOMPANY REQUEST FOR AN RMA#
**NO PRODUCTS WILL BE RECEIVED/REPAIRED WITHOUT AN RMA#
***ANY ALTERATIONS TO ANY R.F. SYSTEMS' PRODUCTS VOIDS THE WARRANTY

Please fax this form along with copies of invoice(s). Ship to: R.F. Systems, Inc.,