



Request for Return Material Authorization

Fax to: 707-748-0398

Attn: Parts Department

Company Name	Part No(s).	Please check one:
		Exchange <input type="checkbox"/> Return <input type="checkbox"/> Repair <input type="checkbox"/>
Address		Do you consider this a warranty action?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Reason for Return:
Contact Person.		
Phone No.		
		Returns are subject to a 20% restocking fee
Fax No.	Compressor Model No.	RMA No. (to be filled out by Rix)
Original Sales Order or Invoice No.	Compressor Serial No.	Ship to box checked by RIX Industries:
		<input type="checkbox"/> RIX Industries, 4900 Industrial Way, Benicia, CA 94510
Original Purchase Order No.		<input type="checkbox"/> RIX Industries, 960 Deming Way, Sparks, NV 89431
		<i>IMPORTANT, RMA NO. MUST APPEAR ON THE OUTSIDE OF THE</i>
Date Received:		<i>SHIPPING CONTAINER. CUSTOMER WILL BEAR RESULTING</i>
		<i>SHIPPING COSTS IF UNIT RETURNED TO WRONG LOCATION.</i>

****IF MATERIAL IS NOT RECEIVED WITHIN 30 DAYS YOU WILL RECEIVE A INVOICE FOR MATERIAL ALREADY SENT (INCLUDES WARRANTY ITEMS)**