



ENGINEERED SOLUTIONS FOR INDUSTRIES WORLDWIDE

SOLON® BELLEVILLE SPRINGS | SOLON® PRESSURE SWITCHES

RMA REQUEST FORM

Company: _____
Customer ID: _____
Contact Name: _____
Phone: _____
Email: _____

TYPE OF PRODUCT

Washer
Lot# / PN: _____
Quantity Returning: _____
Pressure Switch
P/N: _____
DOM: _____
Quantity Returning: _____

TYPE OF RETURN

Repair
Replace
Restock (Credit Only)

RETURN DETAILS

Shipped wrong part number
Shipped wrong quantity
Damaged upon receipt
Not functioning properly
Not dimensionally correct
Other

Please provide a detailed description for the cause of the return: _____

Environmental Considerations / Hazardous: Yes No

INITIAL SALES DATA

Original Sales Order Number: _____
Solon Part Number: _____
Received Date: _____
Original PO Number: _____

Upon conclusion of evaluation of repair, please indicate where to ship the product back to:

Address: _____

INTERNAL USE ONLY

Accepted RMA# Assigned: _____

Rejected Approved By: _____

Reason: _____

Please return completed form to sales@solonmfg.com. Customer will be notified of RMA status within three (3) business days of receipt of form. Refer to Solon's Terms & Conditions for more information about Solon's RMA policy.