

This Section to be completed by Spectrum Aeromed

RMA#: \_\_\_\_\_

Date Issued: \_\_\_\_\_



## RETURN MATERIALS AUTHORIZATION (RMA) REQUEST FORM

Customer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Return Shipment Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact Email: \_\_\_\_\_

Spectrum Aeromed Sales Order Number Sold On: \_\_\_\_\_

**Spectrum Aeromed RMA Policy:**

- 1) A Return Materials Authorization (RMA) # is required for all equipment return to Spectrum Aeromed. Incomplete, erroneous, or missing information may delay processing your request.
- 2) Returns must be shipped freight prepaid. All return shipping charges are your responsibility.
- 3) Spectrum requires pre-authorization of all return products. Products not authorized shall be sent back to you at your expense. Spectrum Aeromed will not be liable for any loss or damage to unauthorized returns.
- 4) The **RMA number must be clearly marked on the outside of the package**. Damage or loss of goods during shipment is the sole responsibility of the customer. Insufficient packing may result in loss of warranty.
- 5) RMA number is valid for 30 days. Products returned for credit are subject to a 35% restocking fee. Used products are not allowed for credit.

**Please read this form carefully, provide the requested information and return to Spectrum Aeromed via email ([brandi@spectrum-aeromed.com](mailto:brandi@spectrum-aeromed.com))**

**Reason for Return: (circle one)**

Warranty repair

Non-Warranty Repair

Return for Credit

Demo Return

**Product Information:**

Spectrum Part # \_\_\_\_\_ Item Serial # \_\_\_\_\_

Item Description # \_\_\_\_\_ Quantity: \_\_\_\_\_

Problem (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

**Product Information:**

Spectrum Part # \_\_\_\_\_ Item Serial # \_\_\_\_\_

Item Description # \_\_\_\_\_ Quantity: \_\_\_\_\_

Problem (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Return (Freight Pre-Paid) To:

Spectrum Aeromed  
1815 23<sup>rd</sup> Ave N  
Fargo, ND 58102 USA