



AUTHORIZATION FOR RETURN

(Please Print)

Distributor	Aftermarket	OEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____	RMA#: _____
Address: _____ _____	Contractor: _____
Fax Number: _____	Date: _____
Contact Person: _____	Phone: _____
Sales Rep: _____	Rep Phone #: _____

Was ICM Tech Support Contacted at **1-800-365-5525 ext. 375** YES NO

All returns subject to a 35% restocking charge.
For more information, please contact ICM's RMA clerk at rma@icmcontrols.com.

Name of ICM contact: _____

Item #	Part #	QTY	Date Code	Install Date	Remove Date	Line Reject	Field Failure	Reason for Return

NOTE: Please give a complete description of the failure. Phrases like *Dead, Inoperative,* or *Does Not Work* by themselves will not help ICM to analyze the problem.

Comments

PLEASE WRITE THE RMA NUMBER ON THE OUTSIDE OF THE BOX BEFORE SENDING IT BACK

Email Address	Phone	Fax	Toll Free	Web
RMA@icmcontrols.com	315.233.5266	315.233.5276	800.365-5525	www.icmcontrols.com

Return Product to: 7313 William Barry Blvd., North Syracuse, NY 13212