

PRODUCT RETURN FORM

MULTI-STEAM COPY WHITE
CUSTOMER COPY YELLOW

FORM#



21 MARSHALL STREET
WALLINGFORD, CT 06492
PH # 1-888-708-1929
FX # 1-203-269-0162

**BLUE FIELDS
REQUIRED**

PHONE NUMBER:

DISTRIBUTOR:

ADDRESS:

CITY & STATE:

ZIP:

END USER NAME:

LAST NAME:

RGA#

DATE OF FAILURE:

DATE MACHINE SOLD:

MANUFACTURE DATE:

MODEL#

SERIAL#

THIS SECTION TO BE
COMPLETED BY MULTI-STEAM

TAG#	QUAN:	PART#	DESCRIPTION	LIST PRICE	DIST DISC	LABOR HOURS	EXT

DESCRIPTION OF FAILURE (REASON/CAUSE) FOR EACH PART

DISTRIBUTORS SIGNATURE/DATE

WARRANTY INSPECTOR/DATE

PLEASE FILL OUT FORM COMPLETELY

USE A SEPARATE CLAIM FORM FOR EACH MACHINE. MULTIPLE PROBLEMS ON ONE MACHINE MAY BE SUBMITTED ON ONE FORM

PENDING WARRANTY APPROVAL, PARTS WILL AUTOMATICALLY BE CREDITED UNLESS REPLACEMENT IS SPECIFIED