



Covalent Technologies
302 S. Sheridan Rd
Tulsa OK, 74112
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REQUEST FOR RETURN AUTHORIZATION

PHONE NUMBER:

WHO MAY WE CONTACT IF WE HAVE ANY QUESTIONS (your name)?
PHONE:
EMAIL:

BILLING ADDRESS:	SHIPPING ADDRESS:
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THE PRODUCT(S) LISTED BELOW ARE BEING RETURNED FOR (Only Select ONE):

REPAIR ADVANCE REPLACEMENT NEW EQUIPMENT RETURN / CREDIT* OUT OF BOX FAILURE*

*Provide ORIGINAL PO, Sales Order Number or Invoice:

ITEM	PRODUCT CODE OR PART NUMBER	SERIAL NUMBER(S) **REQUIRED**	QTY	REPORTED PROBLEM (Why is the product being sent to us?)
1				
2				
3				
4				
5				

Complete this form for authorization to return items for repair, advance replacement or credit. Your return authorization, including our address, will be sent back to you. No returns will be accepted without this RMA number. **CLEARLY MARK THE RETURN AUTHORIZATION NUMBER ON THE OUTSIDE OF THE CARTON.**

Evaluation fees may apply whenever there are no problems found. Please ensure that products sent in to us are adequately packaged and secure. Covalent Technologies assumes no liability, whatsoever, for any shipping damages.