



Freepour Controls Inc.
 1865 Lakeshore Road West, 200B
 Mississauga, Ontario
 Canada, L5J 4P1
 Tel: (289)373-3071 Fax: (289) 373-3074

RMA Form

| |
|------|
| Date |
| |

Return Materials Authorization (RMA) Request Form

** Please fill out all of the shaded fields and fax to Freepour before shipping.

| |
|------------------------------|
| Customer Information: |
| |

IE / RMA NUMBER: _____

DATE SHIPPED: _____

| | |
|-----------------------------------|------------------------|
| Description of Problem(s): | Date Submitted: |
| | |

| Description of item(s) Shipped | Quantity |
|--------------------------------|----------|
| | |

Please fill out the following information for materials returning to Freepour Controls:

Courier Name (Circle): Purolator Fedex Other: _____

Courier Tracking Number: _____

Return Delivery Method: Ground Overnight Weekend
 (Circle a delivery method)

_____/_____/_____
 Print Name Sign Name Date