

## RETURN / REPAIR AUTHORIZATION REQUEST FORM

EMAIL TO: [support@thomsonps.com](mailto:support@thomsonps.com) or

FAX TO: 604-888-5606

**\*\*Please return form to receive RMA# prior to returning product.\*\***

**Check One:**     Product Return     Warranty Return     Repair     Warranty Repair

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email :** \_\_\_\_\_

<b>Product Type</b>	<input type="checkbox"/> UCS	<input type="checkbox"/> GCS	<input type="checkbox"/> TS 830	<input type="checkbox"/> TS 840
	<input type="checkbox"/> TS 870	<input type="checkbox"/> TS 880	<input type="checkbox"/> TS 910	<input type="checkbox"/> TS 920
	<b>Product S/N:</b> _____			
<b>Controller:</b>	<input type="checkbox"/> ECR 400	<input type="checkbox"/> ECR 444	<input type="checkbox"/> MEC 20	<input type="checkbox"/> MEC 100 (# of lights) _____
	<input type="checkbox"/> MEC 10	<input type="checkbox"/> MEC 2	<input type="checkbox"/> PGC 4000	<input type="checkbox"/> TSC 80
	<input type="checkbox"/> TSC 80E	<input type="checkbox"/> TSC 800	<input type="checkbox"/> TSC 900	<input type="checkbox"/> TSC 9
	<input type="checkbox"/> CIM	<input type="checkbox"/> EAP (Model #) _____	<input type="checkbox"/> AGC (Model #) _____	
	<input type="checkbox"/> Other: _____			
	<b>S/N:</b> _____		<b>P/N:</b> _____	
<b>Other Components:</b>	<input type="checkbox"/> Oil Press. Sender (brand) _____		<input type="checkbox"/> Lexan (size/type) _____	
	<input type="checkbox"/> Display	<input type="checkbox"/> Timer	<input type="checkbox"/> Limit Switch	<input type="checkbox"/> Other: _____
	<b>**Specify Product Type and Serial Number above for components.</b>			
<b>Battery Chargers:</b>	<input type="checkbox"/> BCM 1220	<input type="checkbox"/> APB 1210	<input type="checkbox"/> BCM 1230	<input type="checkbox"/> Other: _____
	<b>S/N:</b> _____		<b>P/N:</b> _____	

**Reason for Return: (include Detailed Fault Description for Warranty or Repair)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check one box:**

- We hereby request **warranty testing** and consideration on returned part. We agree to return defective part within ten (10) days after receipt of RMA (Return Material Authorization) Number.
- If warranty is Denied, please ship product back to us collect, at address below, using our stated courier.
- We hereby request to send defective unit for **warranty repair**.
- We hereby request to send defective unit for **repair**. (Please return unit with Purchase Order for repair charges.)
- Other: \_\_\_\_\_

**Ship Repaired or Warranty Denied Product back to:**

Ship To Address:	_____		
Phone #	_____	US Fed ID*#	_____ <small>*Mandatory for USA</small>
Shipping Instructions:	(Circle one) Prepaid & Charge / Collect*	Courier & Acct*#	_____ <small>*Mandatory if shipping collect</small>

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_