



Return Material Authorization Request

Date: _____

Returned from:

Company Name: _____

Person Returning: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Shipping Address: _____

Shipping Address: _____

City, State, Zip Code: _____

Returned Items:

Quantity	Description of Product	Reason for Return

Please fax, email, or mail to addresses below. We will issue you a RMA number which should be clearly displayed or referenced on your shipping documents. Items returned without the RMA number included will not be accepted for return. We will inspect your return and replace it free of charge with prepaid shipping if it qualifies under the product warranty.

Your satisfaction in our products is important to us. If you have any questions you may contact us at the numbers listed below. Thank you.

IP Controls, LLC

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1531 May Avenue • Fort Smith, Arkansas 72901-2361
ph: 1-479-783-7161 • fax: 1-501-694-4100 • cell: 479-883-3074
joe@ipcontrols.net