



Research Concepts, Inc.

RMA REQUEST FORM

Please fill out the following document and email it to RMA@ResearchConcepts.com. *All fields are required.*

Date (MM/DD/YYYY): ___ / ___ / ____

Name: _____

Company Name: _____

Shipping Address:

Model Number: _____

Serial Number: _____

Problem Experienced:

Email: _____

Phone Number: (____) - ____ - ____

By typing/signing my name onto the line below I agree to the Terms and Conditions set forth by the RCI Return policy as noted in the original warranty.

Signature _____