

RMA - Contact Information and Control problems to be addressed⁹⁻²²

Send completed RMA & W9 forms with your control. – Do not Email them !

Shipping Date: _____ RMA # from Remedy: _____

Company Name: _____

Street: _____

Town/St/Zip: _____

Company Contact Name: _____

Phone: (_____) _____ Ext: _____

YourEmail: _____

***** ***** ***** ***** *****

Centroid Control Model: _____ Centroid Kit # : _____

Centroid System ID #: _____ Machine Brand: _____

Dealer you purchased this machine from: _____

***** ***** ***** ***** *****

Problem details: When did this problem first start: _____

Any reason the problem started: Storm / Crash: _____

List all problem details: _____

Input Power: 3 Phase: Y ..N..- or - Phase converter: Y.. N..Static -or- Rotary type

How long have you owned this machine: _____ yrs. Has it been under power for all of this time: Y.. N..

Who else tried to fix this problem: _____ (_____) _____

Additional items to be addressed: Add any Software Option -or- New hardware upgrade request.

Date Arrived: _____

Date Finished: _____