SVF028 REV3 05/11/29

THOMSON TECHNOLOGY
POWER & CONTROL
A REGAL-BELOIT COMPANY

RETURN AUTHORIZATION REQUEST FORM

Company: _____ **Contact:** _____

Ship to Address: _____ **Phone:** _____

Fax: _____

US Fed ID*# *Mandatory for USA _____ **Email :** _____

Shipping Instructions: (circle one) **Collect* / Prepaid & Charge** (n/a for warranty) _____ **Courier & Acct* #** *Mandatory if shipping collect _____

Product Type
❒ UCS 200 ❒ GCS ❒ TS 830 ❒ TS 840
❒ TS 850 ❒ TS 890 ❒ TS 870 ❒ TS 880

Product S/N: _____

Engine Controller: **SPECIFY:**
❒ ECR 400 ❒ ECR 444 ❒ MEC 20 ❒ MEC 100 (# of lights) _____
❒ MEC 10 ❒ MEC 2 ❒ TSC 80 ❒ CIM
❒ EAP (Model #) _____ ❒ TSC 800 ❒ Other: _____

S/N: _____ **P/N:** _____

Battery Chargers: **SPECIFY:**
❒ BCM 1220 ❒ APB 1210 ❒ BCM 1230 ❒ Other: _____

S/N: _____ **P/N:** _____

Other Components: SPECIFY:
❒ Oil Press. Sender (brand) _____ ❒ Lexan (size/type) _____ ❒ Display ❒ Timer ❒ Limit Switch
❒ Other: _____

S/N of controller: _____ **P/N:** _____

Fault description: _____

Check one box:

FAX BACK TO : 604-888-5606

❒ We hereby request to receive warranty replacement. We agree to return defective part within ten (10) days of receipt. If this defective unit is not returned, I authorize Thomson Technology to charge our account for the price of the replacement part.

❒ We hereby request to send defective unit for warranty repair.

❒ We hereby request to send defective unit for repair. Please ship unit with Purchase Order.

❒ Other: _____.

OFFICE USE ONLY
RMA # R-_____
Orig CO# C-_____
New CO# C-_____

_____
Customer's Signature

_____
Date