**RETURN GOODS FORM**

Please use this form to request an RMA# from Unique Technologies.

Please review the Returns Goods and Allowance Policy and contact us if you have questions.

Today’s date:

Your name:

Company name:

Your phone# and email address:

Description of item being returned (ex: 15° stab):

SKU#/Item#

Lot#

# of unopened boxes being returned (we do not accept open boxes for credit):

The Sales Order or Invoice# associated with the product being returned:

The PO# (if provided):

Reason for Return:

If defective, the date when the defect was noticed and the details of use (please provide the actual defective piece if available):

Please review the Returns Goods and Allowance Policy and contact us if you have questions.

Email this form to your Unique Technologies contact person. An RMA# will be emailed to you upon review of the information.