



REPAIR RMA FORM PACKING SLIP

SHIP TO:

MRO, INC.
2474 Clay Street
Chattanooga, TN 37406

423. 710. 8133 - Direct
423. 710. 8134 - Fax
855.4.MROINC - Toll Free

Please complete the following:

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Address Line 1:	<input type="text"/>	Phone:	<input type="text"/>
Address Line 2:	<input type="text"/>	Fax:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Email:	<input type="text"/>
MRO Sales Rep:	<input type="text"/>		

PLEASE LIST EACH ITEM YOU ARE SENDING TO MRO FOR REPAIR. PROVIDING ALL ISSUES, FAULT CODES, AND DETAILED PROBLEM DESCRIPTIONS WILL IMPROVE THE QUALITY AND TURNAROUND TIME FOR YOUR UNIT(S).			
MRO/PO#	Part Number	Manufacturer/Description	Fault Description
			<input type="checkbox"/> Standard <input type="checkbox"/> Rush <input type="checkbox"/> Warranty <input type="checkbox"/> Core Exchange
			<input type="checkbox"/> Standard <input type="checkbox"/> Rush <input type="checkbox"/> Warranty <input type="checkbox"/> Core Exchange
			<input type="checkbox"/> Standard <input type="checkbox"/> Rush <input type="checkbox"/> Warranty <input type="checkbox"/> Core Exchange
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PLEASE INCLUDE THIS FORM WITH YOUR UNIT AND SEND TO THE ABOVE SHIPPING ADDRESS. WE WILL CONTACT YOU AFTER RECEIPT. THANK YOU FOR YOUR BUSINESS!