

Return Material Authorization Form

RMA Number		Issued By	
Date		Date Submitted	
Requested By		Date Reply Due	

Description of RMA:

Company:

Address:

City:

State:

Phone:

Email:

Project Manager Approval:

Signature

Title

Date

RMA Instructions:

- 1.) Clearly Mark the outside of the box with RMA Number**
- 2.) Ship the item(s) to: ICER Technologies, 100 Grandville Ave, Suite 301, Grand Rapids, MI 49503**
- 3.) All Items Returned must be in the condition they were received as or are subject to a 10% restocking fee.**
- 4.) Once item(s) are received, a credit or refund will be sent or noted to your account.**