



RETAILER Returned Merchandise Authorization Form

RMA # _____

RMA Request Date: _____ Requested By: _____

Reason for Return: _____ Warranty/Labor Credit Request (complete form) _____ Wrong Part Ordered/Wrong Part Received (complete * only)

*Retailer Name: _____ *Address: _____

*Retailer Phone: _____ *Retailer Email: _____

*For Wrong Part Ordered/Received, Date Part Ordered: _____ Invoice #: _____

Spa Model / Series: _____ Spa Serial #: _____ Pack Serial #: _____

Date Installed: _____ Customer Name & Contact: _____

Problem Analysis: _____

Work Performed: _____

Parts Used / Replaced: _____

Technician Name: _____ Date of Service: _____

Control Type: _____ Power Source: _____ Volts with Load: _____

ALL RETURNS MUST HAVE A FACTORY ASSIGNED RMA # PRIOR TO RETURNING.

- Call 800.451.1420 with information above to receive RMA#, or
- Complete this form, fax to 570-323-8485 or email: jheim@pdcspas.com. You will be contacted with RMA#.

THE RMA # MUST BE ON THE BOX TO BE ACCEPTED. ALL BOXES WITHOUT THE RMA# WILL BE RETURNED TO SENDER.

ALL WRONG PARTS MUST BE RETURNED WITHIN 30 DAYS OF PURCHASE FOR CREDIT TO BE ISSUED.

ALL CREDITS ISSUED ARE APPLIED TO PDC SPAS INVOICES.

Service Department Processing

Merchandise Receipt Date: _____

Parts Received / Serial #'s: _____

Parts Due Credit: _____

Labor Credit Due: _____ Y _____ N Amount: _____

Control Type: _____ Power Source: _____ Volts with Load: _____

Accounting Department Processing

Credit Issue Date: _____ Credit Memo #: _____

Parts Credited: _____

Labor Credit: _____ Y _____ N Amount: _____