



Control Techniques
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RMA Request Form

Please complete all information below and send to: customerservice.cta@mail.nidec.com

SOLD TO ADDRESS:

SHIP TO: (If Different from Sold To)

CUSTOMER:		CUSTOMER:	
STREET:		STREET:	
CITY ST ZIP:		CITY ST ZIP:	
CONTACT:		CONTACT:	
PHONE:		PHONE:	
FAX:		FAX:	
E-mail:			

Return Type: _____

Following information is required for repair RMA's only:

REQUESTED SHIPMENT METHOD:

Shippers Acct#/Carrier: _____ Service: _____

Purchase Order#: _____

Note: If not in warranty, the RMA number will not be issued without a PO or credit card contact information.

To pay by credit card, please supply contact information below:

Contact Name: _____

Contact Phone: _____

[] Please check to expedite the repair (additional charges apply)

Enter Items to Be Returned:

ITEM	Qty	Part Number/Description	Serial No.	Reason for Return/Symptoms/Fault Codes
1				
2				
3				