



Return Material Authorization

RMA

(Issued by XCI. Valid for 60 days from authorized date)

Authorized by: Mark Evans

Date Authorized: _____

(806) 687-8171

(806) 687-8466 Fax

XCI Zoning

4315 Huron Avenue

Lubbock TX 79407

DISTRIBUTOR

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Fax: _____

Contact: _____

Distributor

Warranty Number: _____

SERVICER

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Contact: _____

Installed

Address: _____

City: _____

State/Zip: _____

PART NUMBER:

Install Date: _____

Failure Date: _____

DETAILED DESCRIPTION OF PROBLEM (Defective/Doesn't work is meaningless!)

****All returns MUST be returned prepaid. (C.O.D. will be returned to customer)**

****All product information and DETAILED description of failure must be complete or RMA will be rejected.**

****PROMINENTLY display RMA# on the outside of the box.**

****Use this completed form as a packing slip.**

****Return item to above Lubbock, TX address**