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Return Materials Authorization (RMA) Form

Request received by _____ Received on _____

Customer Details	
Company _____	Contact _____
Address _____	Phone _____ Fax _____
_____	Email _____
City _____	State _____ Zip _____

Product Details						
Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Date of Purchase
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Name of Authorized Retailer where Products were Purchased:				_____		

**If a replacement is issued, CCH2O does not cover the cost of shipping replacement items. Customer will be notified of shipping charges for approval and payment information prior to issuing replacement items.

For internal use only		
RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
		Replacement sent _____