



RETURN MERCHANDISE AUTHORIZATION FORM

Midwest Alcohol Testing Specialists, LLC
2349 Jamestown Ave., Suite 4C
Independence, IA 50644
Tel: 319.334.3704
Fax: 319.334.3421
www.mwats.com

Instructions

1. Contact Midwest Alcohol Testing Specialists, LLC to request an RMA# prior to completing this RMA form. (service@mwats.com or (319) 334-3421 extension 116)
2. Fill out form completely.
3. Print out completed form and send it with returned merchandise to the return address below.

Customer Information

Name: _____

Company Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email Address: _____

Invoice Date: _____ Invoice # _____

Item(s) Purchased: _____

RMA #: _____

Description of problem:

Instructions: *(All returns must include the following)*

1. Original packaging (manufacturer's box, Styrofoam, plastic bags, etc....)
2. Original intact UPC barcode, if applicable.
3. Original Invoice. Do not mail or dispose of the invoice until you have examined and tested the product to your satisfaction.
4. All accessories (cables, adapters, batteries, etc...)
5. Manufacturer documentation (manuals, warranty cards, registration information, etc....)
6. A detailed description of the operating problem with the product.
7. Ship the merchandise (postage prepaid) to the following address: (to ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment*)

Midwest Alcohol Testing Specialists
Attn: Customer Service
2349 Jamestown Ave, Suite #4C
Independence, IA 50644

*Midwest Alcohol Testing Specialists, LLC is not responsible for any damages incurred during shipping to the Customer Service.

Reason For Return (Check All That Apply)

1. 30 Day Satisfaction Guarantee (15% Restocking Fee Applies)
2. Received Wrong Product *Please Explain:*
3. Received Damaged Shipment *Please file a claim with carrier and enter claim number here:*
4. Defective Product. *Please Explain:*

NOTE: If you selected 1, 2 or 3 you must contact the company you purchased the item from.

What Would You Like Us To Do?

- Replace with New Item of Same Type Ordered.
- Issue Credit (less shipping, and restocking fee if applicable)
- Exchange with Different Item.

Comments:

CUSTOMER SIGNATURE

PRINT NAME

DATE