

RMA Form

<u>Company Name:</u>	<u>Contact:</u>
<u>Adams Account :</u>	<u>Tel:</u>
<u>Adams Invoice:</u>	<u>E-mail:</u>

Reason for return:

Unit P/N:	Unit S/N:
Hours since Installation:	A/C Reg #:
Aircraft make/model:	A/C Serial number:
Installation date:	Removal date:
	Engine make/Model:

Return address if applicable:

Is the unit under warranty? YES /NO

Action required:

Repair

Replacement

Return for Credit

Overhaul

Other (Please specify):

Please ensure this form is completed in full, using as much detail as possible, before returning your item(s). Failure to complete this form may result in a delay in the processing of your request.

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