



2480 boul. des Entreprises, Terrebonne, QC, Canada, J6X 4J8
 t: 450-477-1100, f: 514-313-5700, toll free: 1 800 489-1301, email: info@atmosphere.com

WHERE INNOVATION IS A STANDARD

www.atmosphere.com

Return Material Authorization Form (RMA)

-To be filled by both Distributor and Retailer.

-Distributor is to return this form completed to ATMOSPHERE for approval.



<i>DISTRIBUTOR INFORMATION</i> (To be filled out by Distributor)					
Contact Name:	_____	Date:	_____		
Company:	_____	Telephone:	_____		
Address:	_____	Fax:	_____		
City:	_____	State/Prov.:	_____	Postal Code: _____	
<i>RETAILER INFORMATION</i> (To be filled out by Retailer)					
Contact Name:	_____	Date:	_____		
Company:	_____	Telephone:	_____		
Address:	_____	Fax:	_____		
City:	_____	State/Prov.:	_____	Postal Code: _____	
<i>BLOWER INFORMATION</i> (To be filled out by Retailer OR Distributor)					
Product Name:	_____	Date of Purchase:	_____		
Model #:	_____	Production Code:	_____		
<i>CHECK LIST</i> (To be filled out by Retailer AND Distributor)					
		Retailer		Distributor	
		Yes	No	Yes	No
1,	Does the blower function properly? (plug it into a 120V receptacle) (Please note malfunction below)				
2,	Are there any signs of damage, abuse or misuse?				
3,	Is there a burnt smell in the blower?				
4,	Is there an excessive accumulation of dust or debris?				
5,	Is the impeller able to turn freely?				
6,	Is the blower wired properly inside the junction box? (User sometimes modifies the original factory setting)				
7,	Does the customer have ORIGINAL PROOF OF PURCHASE? (Please attach receipt)				
PS: Any goods without a Return Material Authorization (RMA) form and number will not be accepted. The RMA form and number can be obtained by calling the manufacturer. No goods will be accepted if not accompanied by RMA number. The RMA number must also be properly indicated on the carton.					
Notes: _____ _____					
Reserved for Atmosphere's Use Only				RMA #: _____	