## \*\* Please complete the retailer section and include this form with your returns \*\*



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WHERE INNOVATION IS A STANDARD

## Return Material Authorization Form (RMA)

-To be filled by both Distributor and Retailer.

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



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<b>DISTRIBUTOR INFORMATION</b> (To be filled out by Distributor)						
Contact Name: Date:						
Company:		Telephone:				
Address:		Fax:				
· · · · · ·	Stoto/Drovi					
		Postal Code:				
RETAILER INFORMATION (To be filled out by Retailer)						
Contact Name: Date:						
Company:		Telephone:				
Address:		Fax:				
City:	State/Prov.:	Postal Code:				
<b>BLOWER INFORMATION</b> (To be filled out by Retailer OR Distributor)						
Product Name: Date of Purchase:						
Model #: Production Code:						
CHECK LIST (To be filled out by Retailer AND Distributor)				ailer		
Does the blower function properly? (plug it into a 120V receptacle) (Please note malfunction below)			Yes	<u>No</u>	Yes	No
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?						
<ul><li>6, Is the blower wired properly inside the junction box?</li><li>(User sometimes modifies the original factory setting)</li></ul>						
<ul><li>7, Does the customer have ORIGINAL PROOF OF PURCHASE?</li><li>7, (Please attach receipt)</li></ul>						
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 <b>RMA #:</b>						