



FABER ASSOCIATES, INC.

P.O. BOX 2000 • 1111 PAULISON AVENUE • CLIFTON • NEW JERSEY • 07011

(NJ) 973-546-7900
(NJ) 732-572-3434
(NY) 212-947-4100
(NY) 914-739-7889
(NY) 516-681-9304
FAX 973-546-9337

RMA (Return Material Authorization) and Repair Form

Please fill out this form in its entirety and fax it to 973-546-9337.

Company: _____ Date: _____

Contact Person: _____

Telephone No.: () - _____ Fax Number: () - _____

Billing Address: _____ Shipping Address (if different than billing): _____

Faber Invoice #: _____ Original PO #: _____ Repair PO #: _____

Qty.	Part Number	Serial Number	Reason	Action
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- | | |
|-------------------------|------------------------------|
| Reason Code for return: | Action requested for Return: |
| 1) Over-shipment | A) Warranty Repair |
| 2) Dead out of box | B) Non-Warranty Repair |
| 3) Customer Error | C) Replacement |
| 4) Other (detail below) | D) Credit |

Please list symptoms, description of problem, or any additional information:

Please note that no equipment will be accepted for return without a valid return number. A product arriving without a valid return number will be refused at the time of delivery and sent back to its origin. Faber's return number must appear clearly on the outside of every box.

For Faber Use Only:

Customer RMA #: _____ Credit #: _____ Repair VR#: _____

Replacement: _____

Initials: _____ Date: _____

Faber RMA