



ASAHI/AMERICA INC.  
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RMA NO. \_\_\_\_\_

**RMA REQUEST FORM**

**All sections must be completed to obtain an RMA number**

Distributor Name _____	Telephone No. _____
Customer/End User _____	Telephone No. _____
Date _____	Contact _____
Original P.O. # _____	Product to be returned _____
Original C.O. # _____	_____
Original invoice # _____	_____

Reason for the return \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN FOR CREDIT _____	Return for Evaluation _____
Original packaging? _____	Length of Service _____ GPM/PSI _____
Restocking fee _____	Media _____
Additional charges _____	Temperature _____
	How often did unit cycle? _____
	Any suspended particles? _____

PRODUCT RETURNED THAT IS NOT IN ORIGINAL PACKAGING WILL BE SUBJECT TO CLEANING AND PACKAGING CHARGES

During its use this product has been decontaminated and does not present a health or safety problem to anyone who handles it. This information is requested in accordance with the hazard communication program (OSHA Standard #29CFR1910-1200) as well as both DOT(Department of Transportation) and RCRA (Hazardous waste) regulations.

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Evaluation Results/Remarks \_\_\_\_\_

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