

# Return Material Authorization RMA Form



**Montag OEM, Dealer or Customer:** \_\_\_\_\_ **Ship To (Replacement Parts):** \_\_\_\_\_

Check if Same as Dealer

Company: _____	Company: _____
Contact: _____	Contact: _____
Street: _____	Street: _____
City, State: _____	City, State: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Montag Cart or Unit Serial Number (Required): \_\_\_\_\_

Qty.	Part Number	Failure Description	Failure Date

**This Area Completed by Montag Manufacturing, Inc.**

RMA # \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Check all that Apply:

Credit     
  Credit & Rebill     
  Rework & Return  
 % Restocking Fee

**RMA Instructions:**

1. Please complete this RMA Form and send to: **support@montagmfg.com or fax 712-852-4574.**
2. You should receive a confirmation email or fax within 1 business day.
3. Please return the product accompanied by a COPY of this RMA Form.

\_\_\_\_\_ Return parts to Montag, Attn: RMA Returns, 3816 461st Ave, **Emmetsburg, IA 50536**

\_\_\_\_\_ Return parts to Montag, Attn: RMA Returns, 2737 Van Dorn Rd/ **Milford, NE 68405**

\_\_\_\_\_ Customer responsible for return shipping charges

\_\_\_\_\_ Montag responsible for return shipping charges (provide UPS #) \_\_\_\_\_

4. Please write the RMA number on the shipping label or package.