## 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 |  |

Please provide either a Montag Unit Serial Number or Montag Sales Order or Montag Invoice \# (Required) $\qquad$

| Qty. | Part <br> Number | Reason for Part Failure / Part being Returned | Labor | Failure <br> Date |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## ADDITIONAL NOTES:

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NOTE: All part returns need to be authorized and include a copy of the RMA, there will be at least a $\mathbf{2 0 \%}$ restocking fee for any unauthorized part returns.

Montag does not reimburse for Travel Time.
This Area Completed by Montag Manufacturing, INC.

RMA \# $\qquad$ Completed by: $\qquad$ Date: $\qquad$
Check all that apply:
$\qquad$ Credit $\qquad$ Credit \& Rebill $\qquad$ Rework \& Return $\qquad$ \% 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 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 461 ${ }^{\text {st }}$ Ave, Emmetsburg, IA 50536
$\qquad$ Return Parts to Montag, ATTN: RMA Returns, 1253 280 ${ }^{\text {th }}$, Seward, NE 68434
___ Customer responsible for return shipping charges
$\qquad$ Montag responsible for return shipping charges (provide UPS \#) $\qquad$
4. Please write the RMA number on the shipping label or package.
