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 <u>Montag Unit Serial Number</u> or <u>Montag Sales Order</u> or <u>Montag Invoice #</u> (Required)

Qty.	Part Number	Reason for Part Failure / Part being Returned	Labor	Failure Date			
ADDI	ADDITIONAL NOTES:						

NOTE: All part returns need to be authorized and include a copy of the RMA, there will be at least a 20% restocking fee for any unauthorized part returns.

Montag does not reimburse for Travel Time.

This Area Completed by Montag Manufacturing, INC.

RMA #	Completed by:		Date:				
Check all that apply:							
Credit	Credit & Rebill	Rework & Return	% Restocking Fee				
RMA Instructions:							
 Please complete this RMA Form and send to: <u>support@montagmfg.com</u> or fax 712-852-4574. You should receive a confirmation email within 1 business day. 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, 1253 280th, Seward, NE 68434 							

- _____ 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.