



RMA Request Form

Please fill in the below to the best of your ability in order that we may serve you better. Thank you.

Company Name

Company Address

Contact

Phone Number

Email Address

Preferred Method of Communication

Email

Telephone

Part Number

Serial Number

Date of Purchase

Invoice #

Reason for Return

Please provide details on the troubleshooting done to date:

1. Please be advised that if the unit is deemed out of warranty a fee may apply. If the unit is out of warranty a purchase order will be required to cover the fee of the repair before the repair can proceed.
2. A \$50 per unit fee will be charged for any equipment sent for repair but is determined to have "no fault found."

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