SIGNATURE CONTROL SYSTEMS

RETURN MATERIAL AUTHORIZATION FORM

You must complete all sections of this form or RMA request will not be processed.

COMPANY INFORMATION

Company Name

Billing Address

City | State | Zip Code

Shipping Address

City | State | Zip Code

Contact Person | Phone Number

Email Address

Shipping Options: ☐ UPS Ground ☐ UPS Red ☐ UPS Second Day

RETURN MATERIAL INFORMATION

Type of Equipment

Serial Number

Site Name

Detailed Problem Description

Would you like insurance on the equipment? | Insurance Cost

Other Instructions

PO Number (If Applicable)

Warranty Authorization # (If Applicable)

***Please call 1-877-91-GATES to obtain authorization for a warranty repair.
Warranty will not be honored without authorization number.