

# Hamilton RMA Form

*Please fill out form below and submit to your Channel Partner Manager to ensure your RMA request is handled properly.*

*Please use this form for any issues with product received within the last 14 months.*

**Reason for Request:** \_\_\_\_\_

**Original Sales Order #:** \_\_\_\_\_

**Original Purchase Order #:** \_\_\_\_\_

**Tech Support Ticket #:** \_\_\_\_\_

**Part Number:** \_\_\_\_\_ **Quantity:** \_\_\_\_\_

**Serial Number (if applicable):** \_\_\_\_\_

**Reason for Return or Failure Description:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Dealer Notes:** \_\_\_\_\_

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