



1401 VALLEY VIEW LN., SUITE 100  
IRVING, TX 75061,  
PHONE: 972-812-7000 FAX: 972-314-9567

RMA REQUEST FORM

Date: \_\_\_\_\_ Debit Memo #: \_\_\_\_\_  
Company/Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Complete this form for any items to be returned. An RMA number for merchandise will be returned to you. All packages returned to Omega shall include the RMA number on the outside of every package.  
Any products returned without the proper RMA form and number will be rejected and returned via freight collect.  
All RMA's are subject to a 20% restocking fee. All products **MUST** be returned freight pre-paid.

Omega Part Number: \_\_\_\_\_ Qty: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Omega Invoice Number: \_\_\_\_\_ Price Ea: \_\_\_\_\_ Price Total: \_\_\_\_\_  
Nonconformity Description: \_\_\_\_\_

Omega Part Number: \_\_\_\_\_ Qty: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Omega Invoice Number: \_\_\_\_\_ Price Ea: \_\_\_\_\_ Price Total: \_\_\_\_\_  
Nonconformity Description: \_\_\_\_\_

Omega Part Number: \_\_\_\_\_ Qty: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Omega Invoice Number: \_\_\_\_\_ Price Ea: \_\_\_\_\_ Price Total: \_\_\_\_\_  
Nonconformity Description: \_\_\_\_\_

Omega Part Number: \_\_\_\_\_ Qty: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Omega Invoice Number: \_\_\_\_\_ Price Ea: \_\_\_\_\_ Price Total: \_\_\_\_\_  
Nonconformity Description: \_\_\_\_\_

Omega Part Number: \_\_\_\_\_ Qty: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Omega Invoice Number: \_\_\_\_\_ Price Ea: \_\_\_\_\_ Price Total: \_\_\_\_\_  
Nonconformity Description: \_\_\_\_\_

Submit By Email

Print Form