



RMA Form

Technical Contact:

Company Name: Tech. Contact Name:
Ship to Address: Phone Number:
E-mail Address:

Billing Information:

Billing Address: Billing Contact Name:
Phone Number:
E-mail Address:
PO Number:

Product Description
or Model

Serial #:

Detailed Description of Malfunction or Repair(s) Requested:

Special Instructions:

Return your repair along with this form to: Paw Taw John Services, Inc.
18125 N. Ramsey Rd.
Rathdrum, ID 83858

FROM _____



SHIP TO:

PAW TAW JOHN SERVICES, INC.
18103 N. RAMSEY RD.
RATHDRUM, ID 83858

PHONE: (208) 687-1478 FAX: (208) 687-8168

Temposonics®
AUTHORIZED DISTRIBUTOR
AUTHORIZED WARRANTY/REPAIR CENTER

CONNEXUS
INDUSTRIES INC
Chain & Industrial Manufactured Solutions
AUTHORIZED DISTRIBUTOR

ENCODER
PRODUCTS COMPANY
AUTHORIZED DISTRIBUTOR

RETURN LABEL PROVIDED FOR YOUR CONVENIENCE