

# RMA Form

## Technical Contact:

Company Name:	<input type="text"/>	Tech. Contact Name:	<input type="text"/>
Ship to Address:	<input type="text"/>	Phone Number:	<input type="text"/>
		E-mail Address:	<input type="text"/>

## Billing Information:

Billing Address:	<input type="text"/>	Billing Contact Name:	<input type="text"/>
		Phone Number:	<input type="text"/>
		E-mail Address:	<input type="text"/>
PO Number:	<input type="text"/>		

Product Description or Model	<input type="text"/>	Serial #:	<input type="text"/>
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## Detailed Description of Malfunction or Repair(s) Requested:

## Special Instructions:

Return your repair along with this form to: Paw Taw John Services, Inc.  
18103 N. Ramsey Rd.  
Rathdrum, ID 83858

FROM

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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