

# ZERO POINT

MANUFACTURING

## Customer Return Materials Authorization (RMA)

Email this form to: [customerservice@zeropointmfg.com](mailto:customerservice@zeropointmfg.com)

Customer contact name: \_\_\_\_\_

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

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Customer PO Number: \_\_\_\_\_

Customer part number: \_\_\_\_\_

QTY: \_\_\_\_\_

Reason for return: \_\_\_\_\_

Requesting:  Repair  Replace  Credit

**If ZPM requests the goods to be returned, please include a copy of this form with your shipment.**

RMA number: \_\_\_\_\_

Date request received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Return to (if applicable):  
Zero Point Manufacturing Inc.  
103 McFann Rd.  
Valencia, PA 16059