COMPANY NAME:	
CONTACT NAME:	
DATE:	
PHONE #:	
EMAIL:	



REQUEST FOR RMA

*NOTE: This form is to be filled out by dealers or customers who have an approved account and email on

PART NUMBER	REASON FOR RETURN	QUANTITY	DESCRIBE REASON FOR RETURN

ADDITIONAL NOTES:

OEM INDUSTRIES INC.

CANADA OFFICE 7330 RENE DESCARTES MONTREAL, QUEBEC H1E 1K7 CANADA (514) 645-6655

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