



Return Material Authorization (RMA) Form

RMA / KromAmericas Sales Order Number: _____

Customer Information

Company Name: _____

Contact Name: _____

Contact Email Address: _____

Contact Phone Number: _____

Product Information

Purchase Order Number: _____

Krom Part Number: _____

Date of Purchase: _____

Quantity: _____

Reason for Return

☐ Defective Product / Warranty Claim

☐ Incorrect Product Shipped

☐ Product Damaged During Shipping

☐ No Longer Needed

☐ Other (Please Specify): _____

Description of Issue or Reason for Return:

Contact Name: _____

Date: _____

Signature: _____

+++++

Return Instructions

Ship the product to the following address. Include this completed RMA form inside the package.

KromAmericas
Attn: Returns
8405 East 30th Street
Indianapolis, IN 46219

To view KromAmericas' Terms and Conditions, please visit <https://www.kromamericas.com/terms>



Tel: 317.890.0474
Toll Free: 888.743.1609



sales@kromamericas.com
www.kromamericas.com



8405 East 30th Street
Indianapolis, IN 46219