

QHT INC / BIASI
3560 Lafayette Road – Bldg#2, Unit A
Portsmouth, NH 03801

Return Material Authorization Request Form

*Wholesaler Name: _____ *Manufacturer _____
 Date of Request: _____ *Product Model _____
 Address: _____ *Product Serial Number _____
 *City, State, Zip _____ Contractor Name _____
 *Phone # _____ Contractor Phone # _____
 Fax# _____ *Date of Install _____
 *Email address: _____ * Date of Failure _____
 *Debit PO Number _____ *Replacement PO (for Warranty Parts) _____

<i>Part# / Description</i>	<i>QTY:</i>	<i>Reason for return (Required) (Defective is meaningless)</i>	<i>Original Po# & Biasi Inv #</i>

**Returned Goods are subject to QHT “Terms and Conditions of Sale” and “Returned Goods” policy.
 Unused items purchased over 180 days, cannot be returned.
 20% Restocking Fee may apply**

ALL CLAIMS FOR SHORTAGE AND DAMAGES MUST BE REPORTED WITHIN 5 DAYS
Returns will not be accepted without a copy of the RMA.

**Please fax this request to Dan Davis Sales at 207-324-2217,
 or email to warranties@dandavissales.com
 Questions call Dan Davis Sales at 800-410-8700 or 207-324-5511**

4/13/2019

QHT RGA Authorization Form.doc

*** = Required Fields**