

RETURN MERCHANDISE FORM
Automotive Scientific Inc.

RMA

Return Requirements:
COPY of Dated Proof of
Purchase Invoice. ORIGINAL
OWNER ONLY

Type of Service Requested on this form:
Return Product Form

Original Purchasers Name:

Business Name: _____
Contact Person: _____ Email: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Ph. Number: _____ Fax: _____

VIN # _____

Part Number: _____

Quantity :

Describe Unit Failure/Symptoms: PLEASE BE SPECIFIC /USE THE REVERSE SIDE IF NEEDED, (This must be Filled Out) In order to expedite for you.

YEAR: _____ MAKE: _____ MODEL _____ VIN#: _____

Purchasers Name: _____

Original Invoice #

When was controller purchased? ____ / ____ / ____ (Month/day/year)

*A copy of this form, and a copy of original invoice receipt must accompany controller(s) Return Merchandise is original purchaser only (NON TRANSFERABLE), unless you are an authorized Automotive Scientific Inc.reseller

Ship to:

**AUTOMOTOVE SCIENTIFIC
INC**

102 Blevins Rd Rogersville Tn
37857

866-983-6688

**Open Monday thru Friday
9:00 am to 5:30 pm EST**

Refunds Incur a 20% Handling & Restock Fee

Return Merchandise is for ORIGINAL INVOICED PURCHASER ONLY. All Merchandise returned, will be subject to our "Terms of Service Policy"