

WARRANTY RETURN FORM
Automotive Scientific Inc. **RMA**

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

Type of Service Requested on this form:
Warranty Return 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

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