

IMPORTANT NOTE:

Once you have completed and returned this form, you will be given an RMA number from your Regional Account Specialist. Please do not send in a return without this number as it is required.



RMA Request Form

Request Date: _____ Returns Email Address
for Acknowledgement (**Required**): _____
Account or Customer # (**Required**): _____
Company Name: _____
Customer Purchase Order # (**Required**): _____
Kroll Invoice # (**Required**): _____

Please Credit My (Select ONE Option Only - **Required**):

Account

OR

Credit Card : _____ Exp. Date: _____

(Must list complete card number & expiration date)

VISA

Mastercard

American Express

*If no option or incomplete information is provided, credit will automatically be applied to your account.

Complete Part Numbers (Required)	Quantity (Required)	Reason(s) to be Returned (Required)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature (**Required**): X _____

Ship Returns to:

Kroll International, LLC
51819 Danview Technology Court
Shelby Township, MI 48315

Please reference Kroll International's Return Policy located on our website on the Resource Center tab for any questions OR email Regional Account Specialist.

FAX TO 586-739-0600 OR EMAIL TO CustomerService@KrollCorp.com