



IMPORTANT: All fields depicted in **red** MUST be completed in order for Code Blue to process the RMA request

Code Blue Phone 616.392.8296 or Fax 616.392.8391

CB Internal Use: _____

Purchase Order Number (REQUIRED for advance replacement, repair & freight charges) _____ Date _____ (mm/yy)
Type of Return _____

Name _____ Card Type _____
Card No. _____ V Card No. (three digit number located on back of card) _____ Exp. Date _____

BILL TO

RETURN / SHIP TO

Company _____
Address 1 _____
Address 2 _____
City _____
State _____ Zip _____ Country _____
Contact Name _____
Phone _____ Fax _____
Email _____

Company _____
Address 1 _____
Address 2 _____
City _____
State _____ Zip _____ Country _____
Contact Name _____
Phone _____ Fax _____
Email _____

Original Purchase Order Number _____
End User Name _____ City _____ State _____
UPS Return Method (please select one) _____ Shipping Acct. No. (optional) _____

PRODUCT INFORMATION

Item Being Returned _____
Qty. _____ (use drop-down menu to select item or type product name)
 Serial No. _____

Detailed Description of Problem (text required for item review)

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Please fax completed form to **616-392-8391** OR email to **RMA@codeblue.com**.