

RMA REQUEST FORM

KEL GROUP, INC.

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RMA #

DATE OF REQUEST:

ISSUE DATE:

DATE IN:

DATE CLOSED:

COMPANY:

ADDRESS:

CITY/ST/ZIP:

CONTACT:

TEL:

email:

ITEM DESCRIPTION	DATE CODE	QTY.	SERIAL NUMBER	DESCRIPTION OF PROBLEM	KEL GROUP USE ONLY

* FOR TROUBLESHOOTING QUESTIONS, CALL (714) 579-1555 M-F 9am-5pm PST.

TO REQUEST RMA NUMBER, PLEASE FILL OUT THIS FORM AND EMAIL OR FAX TO KEL.

WARRANTY IS VOID IF ITEM IS PHYSICALLY DAMAGED.