

RMA Request Form

Please follow the instructions below to initiate an RMA with Galil Motion Control.

- Contact an Applications Engineer at 1.800.377.6329 to ensure the unit(s) require repair.
- Fill out the form below to initiate an RMA to Galil Motion Control.
- Write the issue in as much detail as possible under the "Reason for RMA" section.
- Do not ship until you have received an RMA number.
- E-mail completed form to Internal Sales at Sales@Galil.com

Note: Galil WILL NOT accept a DEBIT MEMO under any circumstance.

Contact Information:

270 Technology Way
Rocklin, CA 95765

Sales@Galil.com

Ph. 916.626.0101
Fx. 916.626.0102



Date of RMA Request		Urgency Classification		
		<input type="checkbox"/> Expedite (\$100 charge applies)		
SHIPPING INFORMATION				
Attention To		Company Name		Phone Number
Street Address		E-mail Address		Fax Number
City		State		ZIP Code
For faster return shipments than what our standard service provides, please include your shipping account information below:				
Shipping Account Number			Shipment Method	
BILLING INFORMATION				
If Billing address is same as address as above, skip this section				
Attention To		Company Name		Phone Number
Street Address		E-mail Address		Fax Number
City		State		ZIP Code
PAYMENT INFORMATION				
You can provide payment information here or over the phone. CREDIT CARD INFORMATION NOT REQUIRED FOR NET30				
Credit Card Type	Name on Card	Credit Card Number	Expiration Date	CVN Number
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express				
CUSTOMER TECHNICAL CONTACT				
Required for follow up questions, if unit tests OK and this information is not given, Galil will automatically charge payment and ship the unit back.				
Name			E-mail Address	
Phone Number			Position	

ITEMS FOR RMA			
Galil Part Number		PO Number <input type="checkbox"/> Same PO for all	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests	
		<input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	

*Customer Part #: Optional field for your convenience. This is your company's reference number to our product. Not all customers have an independent part number.

ADDITIONAL REQUESTS/COMMENTS

Please e-mail your form to Internal Sales at ShailaS@Galil.com.
 If fax is your only option, please contact Internal Sales at 916.626.0101 to ensure that your fax has been received.
 Form #F300 – Rev E