

# RMA REPAIR FORM



RMA \_\_\_\_\_

DEALER \_\_\_\_\_

DATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

NUMBER \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

PURCHASE DATE \_\_\_\_\_

ISSUE \_\_\_\_\_

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SERVICE HISTORY \_\_\_\_\_

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*LEKKIE TO COMPLETE*

LEKKIE REPAIR REPORT \_\_\_\_\_

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RETURN DATE \_\_\_\_\_

LEKKIE MECHANIC \_\_\_\_\_