



REQUEST

for
**Returned Merchandise
Authorization Number**

Empire Comfort Systems Inc.
918 Freeburg Avenue
Belleville, Illinois 62220-2623
800-851-3153 – Fax 800-443-8648

FOR THE RETURN OF WHOLE UNITS AND ACCESSORIES ONLY
An RMA # may be issued only after this form has been completed and returned for evaluation.

Distributor	Dealer
Address	Address
City ST	City ST
Ph FAX	Ph FAX
e-Mail:	e-Mail:

Complete all of the information requested. Incomplete information will delay approval.

RMA Submitted By: _____ **Dist. Reference No:** _____ **Date:** _____

Qty	Model No/Gas	Serial No	* PO No or ECS Invoice	Date Installed	Reason for Return Brief Description – Not just “defective”

* To speed processing, please include your original PO number or Empire invoice number.

Before removing or returning a unit, please attempt to repair it.

For help with diagnostics and repair, contact an Empire service technician at 800-851-3153. The technician will assist you and provide a call log number to verify your repair attempt. Enter the call log number below. We appreciate your effort.

Repair attempt by _____ Call Log # _____ Date _____

Corrective Action Taken:

Do not return products until Empire provides an Authorization with Shipping Instructions.

This section to be completed by Empire Comfort Systems

Disposition –

<input type="checkbox"/> F1	<input type="checkbox"/> W1	<input type="checkbox"/> S1U	<input type="checkbox"/> D	<input type="checkbox"/> T-RMA
<input type="checkbox"/> F3	<input type="checkbox"/> W3	<input type="checkbox"/> SF	<input type="checkbox"/> Other	<input type="checkbox"/> E-RMA

Comments: _____ By _____