

## RETURN MATERIAL AUTHORIZATION FORM

Please [read](#) the RMA policy before filling out this form.  
All fields must be filled properly to receive your RMA number.

IF YOU DO NOT HAVE A WINLAND TICKET, CALL 800.635.4269

WINLAND TICKET:	<input type="text"/>
NAME OF DISTRIBUTOR:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>
CITY, STATE:	<input type="text"/>
ZIP CODE:	<input type="text"/>
CONTACT FULL NAME:	<input type="text"/>
EMAIL:	<input type="text"/>
PHONE:	<input type="text"/>
WINLAND PART NUMBER:	<input type="text"/>
QTY OF RETURN	<input type="text"/>
SERIAL NUMBER:	<input type="text"/>

Serial Number :  
Example in blue

  
M-001-0095 REV K 08839 - 000 0219 108888

Serial Number: Probe example



CUSTOMER'S ORIGINAL PO :	<input type="text"/>
REASON FOR RETURN	<input type="text"/>
COMMENTS:	<input type="text"/>

Web browsers do not  
support Submit Email  
button. Please download to  
use Submit Email button

Winland Electronics, Inc.  
ATTN: RMA  
424 North Riverfront Dr.  
Suite 200  
Mankato MN, 56001

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