



RMA Form

Product Type _____ Serial Number _____

Date trouble found mm / dd / yyyy	Original in-service date mm / dd / yyyy
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Vehicle Information

Make	Model	Year
Engine	Miles	O2 sensor age
After-market products installed		

Description of trouble/symptoms:

Was the Check Engine Light / MIL illuminated? (check one) Yes No

List all power train diagnostic codes:

Diagnostic steps taken:

Installer Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone numbers: _____

E-mail: _____

This form to be filled out and included with each returned product.