

Control RMA Form

Please fax this completed form to Control at 763-494-4199.

Billing Information

First Name:	
Last Name:	
Title:	
Company:	
Street Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone/Ext:	
Fax Number:	
E-Mail Address:	
World Wide Web:	

Shipping Information (if different)

First Name:	
Last Name:	
Company:	
Street Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone/Ext:	

Product Information

Have you contacted a support specialist about this product?	
If so, what is your case number?	
Product Part Number:	
Serial Number:	
Reason for Return: To help improve turn-around, please describe reason for return/or symptoms of problem you're experiencing.	