



Return Material Authorization Form

For parts, reloads, and exchanges

Ohio Lumex Co., Inc.
Attn: Service Dept
30350 Bruce Industrial Pkwy.
Cleveland, OH 44139
p: 1 440 264 2500

[Please email completed RMA Form to service@ohiolumex.com](mailto:service@ohiolumex.com)

All material returned to Ohio Lumex must be accompanied by a completed RMA form.

Customer Name: _____

Date: _____ PO# _____ Ohio Lumex Order # _____

Primary Contact:

Name: _____ Email: _____

Phone: _____ Notes: _____

Payment Information:

PO number: _____ ☐ Pay with check / ACH / other

Email Invoice to: _____ ☐ Pay with credit card via e-invoice
(3.25% surcharge applies to all cc charges)

Billing Address:

Shipping Address:

_____	_____
_____	_____
_____	_____

Return Shipping Instructions: *(2 day air unless otherwise specified)*

☐ UPS Account # _____ ☐ FedEx Account # _____ ☐ Prepay and Add

☐ Requested Return Insurance Value: _____ Notes: _____

Service Requested:

☐ Scrubber reload ☐ Heater cartridge credit ☐ M324 Filter Assembly Reload ☐ Other *(Specify below)*

Notes:

