



NortekUSA, Inc.
RMA Form
2025

Please return form(s) with shipment to:
NortekUSA, Inc
21 Drydock Ave Suite 740E
Boston, MA 02210

----- *Complete This Section Once Per Shipment* -----

Company Information:

Company: _____
Contact: _____
Phone: _____
Email: _____
Ship To (for return): _____

Payment for Shipping (required for all RMAs)

- ☐ UPS Shipper Acct. No. _____
- ☐ Credit Card/PO from Payment Method below
- ☐ Prepay and Add to Diagnostic Fee Invoice
- ☐ UPS Return Label Provided

----- *Complete for Each Instrument (attach additional if necessary)* -----

Instrument Information:

Instrument Type: _____ s/n: _____

Reason for Return: ☐ General Checkup and Service

☐ Repair – describe issue: _____

Authorization for Payment:

- Standard service covering three hours of labor, evaluation, and testing: **\$770.00**
- If additional repair is needed, NortekUSA, Inc. may charge the card below after repair quote is issued and confirmed by the customer

Payment Method: ☐ Credit Card (VISA / MC only)

Number: _____

Name: _____

Exp: _____ Security Code: _____

Zip or Postal Code: _____

- ☐ Purchase order (please include with shipment AND email at time of shipment to meghan.cook@nortekgroup.com.)