



RMA SUPPLEMENT

Company Name : _____ Plant/Location : _____

Contact Person : _____ Phone : _____

Email : _____ Fax : _____

Equipment Name / Model Number / Additional Description : _____

CONDITIONS UNDER WHICH FAILURE OCCURED

Torque Specification : _____ Station Number : _____

Cycle Time : _____ Station Description : _____

Description of Failure (Were there indications of deteriorating performance? What application was the equipment being used in when it failed? What appears to require repair?) **Please provide as much detail as possible.**

Please help us to serve you better by providing as much information as possible regarding the returned equipment.

Complete this form & enclose it in the package with the equipment. A valid RMA number should be written clearly on the outside of the box. Ship the package to FEC INC. at :