



**MATERIAL RETURN AUTHORIZATION (MRA) REQUEST FORM**  
UPON APPROVAL, MRA# WILL BE ADVISED WITHIN 24 HOURS

Date Requested: \_\_\_\_\_ Customer Contact: \_\_\_\_\_  
Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**Ship to Address**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purchase Information**

Date of Purchase: \_\_\_\_\_ Original Purchase Order #: \_\_\_\_\_  
Part Number Returning: \_\_\_\_\_ Quantity Returning: \_\_\_\_\_  
Returning for:  EVAL  Repair/Replace  Return to Stock  Other (see below)  
Serial Numbers (mandatory for serialized items): \_\_\_\_\_

**General Inquiry**

Time and date of Failure: \_\_\_\_\_  
Has the unit been replaced with a new unit?: \_\_\_\_\_ Does the new unit function?: \_\_\_\_\_

Comments (Describe Failure Symptoms):

Special Instructions:

**For Completion By Synergy Systems, LLC / Request Taken By**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved Date: \_\_\_\_\_ MRA #: \_\_\_\_\_