



SYNERGY SYSTEMS, LLC

Time proven products and support

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 #: _____

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