

# ESSCO RETURNS FORM



**RMA NUMBER:** \_\_\_\_\_ (MUST BE COMPLETED)

**YOUR COMPANY NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RETURNS PROCEDURE:**  
 Please contact an ESSCO sales representative to obtain an RMA number prior to returning any product to ESSCO. Properly pack merchandise and completely fill out this form. Due to manufactures requirements all returned vacuums must be packed in original boxes.

ESSCO PART NUMBER	QTY	DESCRIPTION	INVOICE DATE/NUMBER	REASON FOR RETURN	FOR INTERNAL USE ONLY		
					C	S	P
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**SEND RETURNS TO: ELECTRIC SWEEPER SERVICE COMPANY 1933 HIGHLAND ROAD • TWINSBURG, OHIO 44087**  
**CLEARLY MARK THE RMA NUMBER ON THE OUTSIDE OF THE PACKAGE THAT YOU ARE RETURNING.**