

Return Authorization Form:

[Please fill out the information below as completely as possible]

RMA# 2014-_____ **Date:** _____

(RMA Number will be issued by return fax upon completion of this form)

Customer:	Customer: _____
	Contact: _____ Phone (optional) _____
	Address: _____
	City: _____ State: _____, Zip _____
	Email: (Optional) _____
Purchased Unit From: _____	

Product:	Model: EXRAY VOLT	THROTTLE TYPE: <input type="checkbox"/> EZGO <input type="checkbox"/> EZGO-RXV <input type="checkbox"/> ClubCar DS <input type="checkbox"/> ClubCar Precedent <input type="checkbox"/> ClubCar XRT-E <input type="checkbox"/> ClubCar XRT-G <input type="checkbox"/> Yamaha	Special Configs	
	SN#		<input type="checkbox"/> Jakes Disc Brake:	<input type="checkbox"/> Multi-mag slow Speed
	Mfg Date:		<input type="checkbox"/> Universal Display Bracket:	<input type="checkbox"/> CNC Display Bracket

Vehicle:	Model:	Motor:	Tires:	N/A Stock
	Make:	Motor Model	Lift Kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Year:	Battery Voltage:	High Speed Gears:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	VIN#:			

Failure Mode Please describe for Each Unit	

Write the RMA number on the USPS shipping box and ship to:

See web site www.edt-exray.com for RMA procedures.

EDT-LLC 415 Thornberry Drive Grants Pass, OR 97526
