

RMA Request Form

RMA #

Case #

This RMA form is only for tracking returned parts to IBC and does not imply that a credit will be issued. All fields are mandatory and **must** be completed for the RMA to be processed.

Please email completed forms to the appropriate email:

Canada: RMA-Canada@ibcboiler.com USA: returns@ibcboiler.com.

Appliance Information

Model number: _____ Serial Number: _____

Appliance installation date: _____

Part number(s) replaced: _____

Date part replaced: _____

Describe the part failure or reason for return:

Field scrappage / replacement authorized by: _____

Wholesaler / Distributor Information

Wholesaler name: _____ PO #: _____

Street address: _____ Unit #: _____

City: _____ Province / State: _____

Postal code/ Zip code: _____ Country: _____

Contact name: _____ Phone #: _____

Contact e-mail: _____

All fields are mandatory and **must** be completed for the RMA to be processed.

Contractor Information

Contractor name: _____
Street address: _____ Unit #: _____
City: _____ Province / State: _____
Postal code/ Zip code: _____ Country: _____
Contact name: _____ Phone #: _____
Contact e-mail: _____

Site Information

Street address: _____ Unit #: _____
City: _____ Province / State: _____
Postal code/ Zip code: _____ Country: _____

Appliance Usage: Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Residential snow melt | <input type="checkbox"/> Commercial space heating |
| <input type="checkbox"/> Retrofit installation | <input type="checkbox"/> Make up air | <input type="checkbox"/> Commercial DHW |
| <input type="checkbox"/> Residential space heating | <input type="checkbox"/> Multi-family space heating | <input type="checkbox"/> Commercial pool/spa |
| <input type="checkbox"/> Residential DHW | <input type="checkbox"/> Multi-family DHW | <input type="checkbox"/> Commercial snow melt |
| <input type="checkbox"/> Residential pool/spa | <input type="checkbox"/> Multi-family pool/spa | <input type="checkbox"/> Other: _____ |

IBC Use Only

IBC Tech Support contact: _____ Date: _____
Field scrap authorized by: _____ Date: _____
Inspected by: _____ Date: _____
Approved by: _____ Date: _____