



Customer Feedback Form

It is our goal to provide you with equipment that meets or exceeds your quality standards.

Please help us achieve our goal by filling out the survey form below.

Form requires (mimimum) Adobe Acrobat Reader version 7 

Fields bordered in red are required fields

What is the purpose of this submission?

- Report Defect with Remanufactured Equipment
- RMA Authorization Cooler/Vendor/Glass Front
- RMA Authorization Freezer

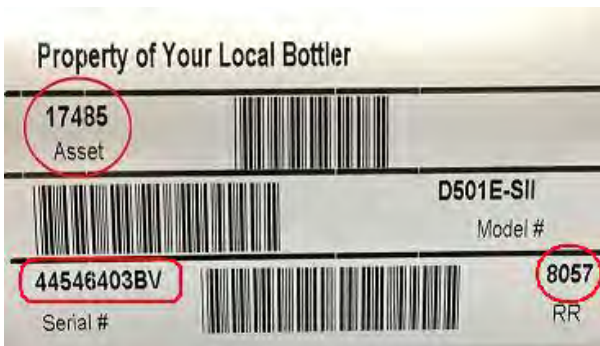
Does this defect create a safety risk that requires immediate attention?

Contact Information

Name	Role
Company	
Phone	E-Mail

Machine Information

Please type the following information from the Asset label (Shown below)



Asset #	
Serial #	
Customer #	Reman Facility 5 Kearneysville 6 Mountain View

Equipment Type

Cooler	Stack Vendor
Glass Front Vendor	Freezer

Defect Codes

Please provide the Model and defect description code(s) for the machine in question

Model

Cleaning

Decals

Documentation

Doors

Electrical

Gaskets

Grill

Inner Doors

Lights

Mechanical

Paint/Sanding

Refrigeration

Sign

Trim

Please give detailed reason for failure

Parts Information

Were parts replaced/consumed at facility to repair or attempt repair of equipment?

No
Yes

Part Number

Part Description

Freezer RMA Shipping Information

Please provide the pickup & contact information below for the machine

Location

Name

Address

City

State

Zip

Phone

Email

Thank you for your feedback!
Thank you for helping improve our process

Click Submit Button Below

Clear Form and submit
another feedback