RMA Request

Please fill out the form below to request your RMA and UPS return label. Incomplete requests will NOT be fulfilled. If you have questions regarding information required on this form, please contact IPS global at 800.347.2913.

Once you receive your RMA and UPS label, please place the RMA in the box with the defective toner so that we are able to accurately credit your account upon receipt.

Name *

First   Last

Phone Number *

_ | _

####

Email *

Business/School District *

Returned Items

The following information is required when returning toner.

Item # of toner being returned *

Quantity *

Description of problem *

Replace with same item #?

Yes

No   If no, please fill in substitute item #

Name of Person Receiving Replacement(s)

First   Last

Address of Person Receiving Replacement

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

When you click 'Submit' you will be prompted to print a copy of this document, a copy will also be emailed to our office. If you do not get a prompt to email this form to IPS, please save a copy of this form and email it to admin@ipsG7.com, thank you.