



RMA Request Form

To initiate a return for components delivered by Stealth Components please complete the below information within 7 days of delivery. Please include a copy of your invoice and document all serial numbers and lot codes as well as attach any photos or documentation (word, pdf) of the failure that occurred.

Completed forms should be emailed to your Account Executive and returns@stealthcomponents.com. Faxed forms should be faxed to 001.704.759.2601.

Date: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip / Postal Code: _____

Phone No: _____ Fax No: _____

Quantity	Manufacturer's Part No	Invoice No	Reason for Return