



ALLTRAX Inc.  
 1111 Cheney Creek Road  
 Grants Pass, OR 97527  
 Voice: 541.476.3565  
 Fax: 541.476.3566

# Return Authorization Form:

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

**RA#** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

<b>Customer:</b>	Customer: _____, Contact: _____
	Address: _____
	City: _____, State: _____, Zip: _____, Country: _____
	Phone: _____, Fax: _____
	Email: (Optional) _____
	Purchased Unit From: _____

<b>Controller:</b>	<b>Model:</b> _____	<b>THROTTLE TYPE:</b> <input type="checkbox"/> 0-5K_ohm <input type="checkbox"/> 5K-0_ohm <input type="checkbox"/> E-Z-Go ITS <input type="checkbox"/> 0-5 Volts <input type="checkbox"/> 6-10.5 Volts <input type="checkbox"/> Yamaha 0-1K_ohm <input type="checkbox"/> ClubCar 5K to 0_ohm	<b>NON-DEFAULT Configuration Setting</b>	
	<b>SN#</b> _____		<b>Brake Current:</b> _____	<b>Max Current:</b> _____
	<b>Mfg Date:</b> _____		<b>Ramp up:</b> _____	<b>Speed:</b> _____
	<b>Ramp Dwn:</b> _____			

<b>Equipment:</b>	<b>Model:</b> _____	<input type="checkbox"/> <b>Stock Car:</b>	<input type="checkbox"/> <b>Non-Stock Car: (Fill out below)</b>	
	<b>Make:</b> _____	<b>Fused?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Motor Mfg:</b> _____	<b>Lift Kit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Year:</b> _____	<b>Battery Voltage:</b> _____	<b>Motor Model:</b> _____	<b>High Speed Gears:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>VIN#:</b> _____	vdc	<b>Tire Size:</b> _____ <input type="checkbox"/> Inch <input type="checkbox"/> mm	

<b>Failure Mode</b> Please describe for Each Unit	
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**Write the RMA number on the shipping box and ship unit to:**

See web site [www.alltraxinc.com](http://www.alltraxinc.com) for RMA procedures and throttle configuration details.

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