



Please ship RMA to:  
4225 SW Kirklawn Ave  
Topeka, KS 66609  
785-232-4477

Please include this form with the RMA

RMA Number:	Claim Type:			
	Warranty	Repair	Trade-In	Other
Owner Name:	Dealer Name:			
Owner Location:	Dealer Location:			
Original PO Number (for warranty claims):	Customer PO Number:			

Capstan Part Number(s) & Quantity(s)

Description of Claim:

Contact Name:
Email:
Phone Number: