

MDI Product Return Form

Company: _____

Address: _____

City/State/Zip: _____

Contact Name/Title: _____

Phone: _____

E-Mail: _____

Reason for return of units:

Disposal/Recycling
Receipt Requested to _____ (E-mail Address)

Warranty Evaluation

Credit Reference No. _____

Replacement Reference No. _____

Failure Symptoms: _____

Application Information (load, voltages, currents, operation rates, ect):

Time in Service: _____

Ship to: MDI Inc.
25028 US 12 East
Edwardsburg, MI 49112