



# RMA REQUEST FORM

FRM-0045

Date: \_\_\_\_\_

*This form must be submitted to Moxi prior to shipping product to Moxi. Product must be cleaned and disinfected prior to return. Any soiled product will be returned at the customer's expense.*

Customer: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a product evaluation/repair request? \_\_\_\_\_

Was there any known adverse event or injury associated with the use of the products listed in this request? \_\_\_\_\_

*If you are sending in a mattress system (pump & mattress), please list items separately.*

Is this a product return/credit request? \_\_\_\_\_

*A 25% restocking fee is assessed on all qualifying products. Moxi does not issue credits on used or custom products.*

Item: \_\_\_\_\_ Serial# \_\_\_\_\_

Reason for return: \_\_\_\_\_

Item: \_\_\_\_\_ Serial# \_\_\_\_\_

Reason for return: \_\_\_\_\_

Item: \_\_\_\_\_ Serial# \_\_\_\_\_

Reason for return: \_\_\_\_\_

*IF ADDITIONAL SPACE IS NEEDED, PLEASE USE BACK OF FORM.*

Ship Product to: Moxi Enterprises, LLC  
ATTN: REPAIR DEPT.  
1927 Perimeter Road, Unit B  
Greenville, SC 29605  
314-771-5222

Email this form to [returns@moxiusa.com](mailto:returns@moxiusa.com)

*(For Moxi internal use only)*

If notification accepted by phone, (Moxi representative): \_\_\_\_\_

Complaint # / RMA #: \_\_\_\_\_

DOCUMENT NAME	DOCUMENT NUMBER	REVISION NUMBER	PAGE	APPROVAL
RMA Request Form	FRM-0045	4	1 OF 1	