



18529 E Gale Ave. City of Industry CA 91748
 Tel 626.839.2365 Fax 626.935.1689

RMA REQUEST FORM

RMA Number _____

Issue Date _____

(**We will reject all packages without RMA# clearly marked on the outside of the package!**)

Company Name _____ Contact: _____

Address: _____

TEL (____) _____ EXT _____ FAX(____) _____ Email _____

Item (one item per box)	Invoice Date	Reseller	Serial Number	Problem Description (please print)	Support Number	Test Result (office use)

Approval By _____ Date _____ Received By _____ Received Date _____

Test By _____ Return Date _____ Return By _____ Tracking Number _____

An RMA number must be issued for return products. Products returned with no RMA number **will be lost**.

All chassis products showing signs of modification or usage will not be repaired.

All RMA numbers are valid for 7 days from the date of issue.

RMA policy might be change with out notice

Customer must sign the RMA form before mailing

Customer Signature _____ Date _____

Office Use	Total PC	Test	Repair	Replace	Remark	Initial
Power Supply						
Case						