



RMA REQUEST FORM

Request Date: _____

RMA #: _____

Company Name: _____

Contact Person: _____

Address: _____

Tel: _____

Fax: _____

Email: _____

Completed By: _____

Date: _____

No.	Items	Description	Serial #	Invoice #	Invoice Date	Reason for Return
1						
2						
3						
4						

Approved By: _____

Date: _____

A minimum 20% restocking charge will apply for goods returned for any reason other than warranty.