

RETURN MERCHANDISE AUTHORIZATION (RMA)

(A) Requester / Buyer Information

Company Name _____ Date of Request _____

Address _____

Contact Person _____ Email Address _____

Tel No _____ Fax No _____

(B) Purchase Information

(1) RMA Type *(Pls select one)* Warranty Out of Warranty

(2) Invoice Number _____ Invoice Date _____

(C) Product Information

Item/Model #		Qty	
Reason for RMA			
Item/Model #		Qty	
Reason for RMA			
Item/Model #		Qty	
Reason for RMA			
Remarks			

Authorized Signature _____

Designation _____

Date _____

For Official Use Only

RMA Number _____ Received Date _____

Issued By _____ Date of Issuance _____

Remarks _____