



400 COMMERCE WAY, SUITE 132,
LONGWOOD FL 32750 – USA
PHONE: 407-265-3983 | FAX: 407-265-3982

RMA FORM

Please complete this RMA form and fax it back to Fax number **407-265-3982**.

This form will be returned to you by fax with an RMA number. Make sure you include the RMA number in each package being returned. Damage or loss of warranty goods during shipment is the responsibility of the customer. This RMA number is valid for 15 days only. Non defective products returned for credit are subject to 20% to 25% restocking fee.

Company Name: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Purchase Order Number: _____

Date Product was received: _____

Item Part Number and Qty: _____ Qty: _____

_____ Qty: _____

Product serial number: _____

Description of Problem: _____

Replacement/Credit required: _____

Additional Requests: _____

Signature and Date: _____

RMA # _____ Authorized by: _____