



20515 East Walnut Dr. North, Suite C-3  
 Walnut, CA 91789  
 Tel (909) 595-7606 Fax (909) 595-7646

# RMA REQUEST FORM

<i>For Office Use ONLY</i>
<b>RMA #:</b>
<b>Issued Date:</b>

**RMA Procedure:**

1. RMA # will **ONLY** be issued for product(s) under warranty period.
2. List one (1) item per line, and clearly specify the problem.
3. Fax a completed **RMA Request Form** and corresponding **Xterasys invoice(s)** to RMA Dept. RMA # will be issued upon approval of the item(s).
4. Safely pack the **approved** item(s), and clearly mark the RMA # on the package. Promptly ship the package; RMA # is valid for 14 days.

Company Name		Address 1	
Contact Person		Address 2	
Tel #		City	
Fax #		State & Zip	
E-Mail		Xterasys Sales Rep	

	Model #	Serial #	Invoice #	Sympton/Problem	<i>For Office Use ONLY</i> Approved By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					