



RMA REQUEST FORM

RMA#: _____ **DATE:** _____
COMPANY: _____ **CONTACT:** _____
ADDRESS: _____ **E-mail:** _____
 _____ **TEL:** _____
 _____ **FAX:** _____

INV. DATE	INV.NO.	QTY	ITEM NO.	REASONS FOR RETURN

APPROVED BY(Internal use only): _____

FOR: REPAIR/ REPLACEMENT
 CREDIT(NOT APPLICABLE FOR OEM OR NCNR ITEMS)

RMA/CREDIT POLICY:

1. No return will be accepted without an RMA number.
2. Please complete RMA Request Form as detailed as possible and fax over to obtain an RMA number.
3. Mark the RMA# on every shipping label and package. Ship at your own cost in secure package.
4. Please allow enough time for processing. The turnaround time will be one week upon receiving your package.
5. DOA must be made within 7 days upon receiving. No Credit is accepted after 30days from the invoiced date. All returns showing signs of abuse, improperly use and modifications will be rejected and the RMA# /warranty will be automatically voided. A minimum of 15% restocking fee will be applied to any return for credit.
6. Any problems please contact our RMA Dept. or e-mailing: plan@ameri-rack.com