

RETURN MERCHANDISE AUTHORIZATION REQUEST

Date: _____ RMA Number: _____

*Customer Identification# (found on invoice): _____

Name / Company Name: _____

*Address: _____ Return Address: _____

*Tel # _____

Fax # _____

*Contact Person: _____

Email Address: _____

Request for: please select one of the following:

Defective Repair / Replacement _____

**Cross Ship Replacement _____

***Return for Credit _____

Other _____

Item Name	*Invoice #	Inv. date	*Serial Number	QTY	*Reason for Return

- Note:
1. RMA number will be assigned by Casetronic within 24 hrs.
 2. RMA number is valid for 15 days. No product return will be accepted without a RMA number.
 3. A comprehensive description of the problem is required on all product returns.
 4. Please attach a copy of an invoice with this RMA request form and write the RMA number on the outside box. Please ship the RMA product to:

Casetronic Engineering Group
Attn: RMA Department
1126 Yosemite Drive
Milpitas, CA 95035

5. Please allow 2-4 weeks for product repairing or replacement.

* Required field

** Within 10 days from the invoice date.

***Only for product purchased within 14 days from invoice date and 20% restocking fee will be applied.