



45388 Warm Springs Blvd
 Fremont, Ca. 94539
 Tel: (510)-668-2088 Fax: 510-661-2767

RMA No.: _____
 Date Issue: _____
 Date Expired: _____

Return Material Authorization (RMA) Request

Part I. Customer Information

Customer Name:	Customer No.	Customer Contact:	Tel:
			Fax:
Address:		Technical Contact:	Tel:
		Salesperson:	Tel:
			Fax:

Return For:

- Warranty Repair/ Replace Cross Ship Yes No (If Yes) Approved By: _____ Date _____
 Credit Evaluation Unit Testing
 Restocking Fee _____ % Approved By: _____ Date : _____
 Failure Analysis Required Test Engineer: _____ Date: _____ CCAR No.: _____
(Test Engineer Please Give Report to Sales Rep.) QA By: _____ Date: _____

Reason For Return (if the reason is technical failure please fill out **Part II- Failure Report**)

<input type="checkbox"/> Non-tech (delivery, service)	<input type="checkbox"/> Visual	<input type="checkbox"/> Incompatibility
<input checked="" type="checkbox"/> Technical Failure	<input type="checkbox"/> Dimension	<input type="checkbox"/> Cancelled Order

Product Information (Customer must provide the following required information)

Part Number (UG) / Customer Part # (required)	UG Qty	Description / Mfg. Part # (required)	Mfg. Qty	Unit Price	Sales Order/ Invoice # (required)	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NOTE



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POLICY: Warranty is voided if original labels are missing on products or if products are physically damaged. Reason for return is required to process the return. Failure report is required for technical failures to ensure proper root cause finding. RMA product must have an RMA number marked on the outside of box. Failure to identify RMA product on the outside of shipping box will result in the product being refused upon delivery and returned at customers expense

Part II. Failure Report

Customer Name	Customer Contact:	Tel:
Address:	Technical Contact:	Fax:
	Salesperson:	Tel:
		Fax:
Visual	Technical	
Product/Component Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Label Missing/Wrong? <input type="checkbox"/> Yes <input type="checkbox"/> No Wrong MFR? <input type="checkbox"/> Yes <input type="checkbox"/> No Wrong Specification? <input type="checkbox"/> Yes <input type="checkbox"/> No Wrong Part? <input type="checkbox"/> Yes <input type="checkbox"/> No Workmanship? <input type="checkbox"/> Yes <input type="checkbox"/> No Wrong Dimension? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Width <input type="checkbox"/> Height <input type="checkbox"/> Depth Explain Dimension Failure: <hr/> <hr/>	System Level Functional Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No Parameter Fail? <input type="checkbox"/> Yes <input type="checkbox"/> No Incompatibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Failure Type Won't Boot <input type="checkbox"/> Yes <input type="checkbox"/> No Hangs Up? <input type="checkbox"/> Yes <input type="checkbox"/> No DOA? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Of Operating System System MFG? _____ System P/N? _____ System Model? _____ System Brand? _____ Motherboard Type? _____ CPU/Chipset Used? _____ BIOS MFG? _____ BIOS String? _____	
Other: Wrong SPD? <input type="checkbox"/> Yes <input type="checkbox"/> No Cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No Early Shipment <input type="checkbox"/> Yes <input type="checkbox"/> No (Not Authorized)		



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Failure Confirmed By:	Date:	Job Title: