



RMA Request

No.18-3, Lane 231, Pu Chung RD.,
 Zhongli Dist., Taoyuan City 32083,
 Taiwan. +886-3-4631999

Company Name		Date	
Contact Person		Email address	
Phone number		Delivery date	
PO No. (If available)		PI No.	
Physical address			

RMA Type	<input type="checkbox"/> Return for credit	<input type="checkbox"/> Goods exchange
Return Reason Code		
A. Manufacturer defect	B. Wrong product shipped	C. Wrong product shipped
D. Exchange		
E. Other (Please describe) :		

Items to be returned: (Please describe as details as possible)

Description of goods	QTY	Invoice#	Code	Note

Reason/Extra Description for this RMA

Office Use:	RMA No : _____	RA# : _____
	Restock Fee : _____	In Charge : _____
	Approved by: _____	