



RMA Request & Report Form

Customer Information
(Completed by Customer)

Company _____
 Address _____
 City _____ Zip _____
 Country _____
 Phone _____ Fax _____
 Contact Person _____
 E-mail _____

For RMA Use Only

RMA # _____
 Issue Date _____
 Delivery Date _____
 Receive Date _____
 Return Date _____
 Total Charge _____

YES, I have read and agree to ADES's "Hardware Warranty and Repair Policies",
 and would like to request a RMA number.

Model#	SERIAL #	INVOICE # & DATE	DETAILED PROBLEM
1			
2			
3			
4			
5			
Special Request			

Below to be completed by ADES only

WARRANTY	PROBLEM ANALYSIS	ACTION TAKEN
1 <input type="checkbox"/> YES <input type="checkbox"/> NO		
2 <input type="checkbox"/> YES <input type="checkbox"/> NO		
3 <input type="checkbox"/> YES <input type="checkbox"/> NO		
4 <input type="checkbox"/> YES <input type="checkbox"/> NO		
5 <input type="checkbox"/> YES <input type="checkbox"/> NO		

Sales Confirmation:	QA Manager:	RMA Manager:	RMA Engineer:
---------------------	-------------	--------------	---------------