

MMITEK Inc.
 18350 E San Jose Ave.
 City Of Industry, CA 91748
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 Fax: (626) 935-1885
 Email: rma@mmitek.com

RMA REQUEST FORM

Your RMA No. : _____

After your request been approved and received RMA number then ship merchandise with this form

Customer ID:
 Company Name:
 Contact Person:
 Phone:
 Fax:

Return Address:

MODEL NO.	Q'TY	SERIAL NO.	DATE CODE	INVOICE NO.	PROBLEM DESCRIPTION

RECEIVING RECORD (Min Maw Use)

Receive Date: _____ Received By: _____ Received Complete? _____

RETURN RECORD (Min Maw Use)

Returned Date: _____ Processed By: _____ Returned Complete? _____

Remarks: Time limits below are judged from the original invoice date to the date we received the merchandise regardless of when the customer called in. The RMA number is only valid for 14 days from the date issued.

1. All returned merchandise must be within the warranty period starting from the original invoice date.
2. RMA number will not be issued unless a completed RMA request form has been faxed along with legible copies of all invoices.
3. Walk-in RMA's will be not accepted unless the customer has received an RMA number.
4. The RMA number must be shown on the top of each package returned.
5. Do not Return Merchandise to MMITEK unless got Authorized number.