

## RMA Request Form

<p><b>RETURN TO:</b></p> <p style="text-align: center;"><b>ePANELpro</b>                  44220 Christy St.                  Fremont, CA 94538                  Attention: RMA Department                  Phone: 510-403-3320                  Fax: 510-403-3184                  Email: rma@epanelpro.com</p>	<p><b>CUSTOMER INFORMATION:</b></p> <p>Company Name: _____                  Requested By: _____                  Date: _____                  Address: _____                  _____                  Phone: _____                  Fax: _____                  Email: _____</p>
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>To expedite the RMA process, please provide all the necessary information by filling out this form completely.</li> <li>For tracking purposes, please include authorized RMA# on return packages.</li> <li>RMA# is only valid for 15 days from the date of issue.</li> </ul>	

	Invoice No.	Invoice Date	Qty	Part Number (P/N)	Serial Number	Reasons for Return
1						
2						
3						
4						
5						

<p><b>This section to be filled by APT RMA department:</b></p> <p><b>Action Request</b></p> <p><input type="checkbox"/> Return for repair / replace</p> <p><input type="checkbox"/> Return for Credit (within 30days)</p> <p><input type="checkbox"/> Others _____</p>	<p>Issued Date: _____</p> <p>Issued By: _____</p> <p>Authorized signature: _____</p> <p>Remarks: _____</p> <p>_____</p>
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<b>Issued RMA#:</b>
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