

## RMA Request Form

**RETURN TO:**



**AMERICAN PORTWELL TECH. INC.**

44300 Christy St.  
 Fremont, CA 94538  
 Attention: RMA Department  
 Phone: 510-403-3320  
 Fax: 510-403-3184  
 Email: rma@portwell.com

**CUSTOMER INFORMATION:**

Company Name: \_\_\_\_\_  
 Requested By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Note:**

- To expedite the RMA process, please provide all the necessary information by filling out this form completely.
- For tracking purposes, please include authorized RMA# on return packages.
- RMA# is only valid for 15 days from the date of issue.

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

**This section to be filled by APT RMA department:**

**Action Request**

- Return for repair / replace
- Return for Credit (within 30days)
- Others \_\_\_\_\_

Issued Date: \_\_\_\_\_  
 Issued By: \_\_\_\_\_  
 Authorized signature: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_

**Issued RMA#:**