



American Portwell Technology

RMA Request Form

Doc. No: RF-751-002 Rev. C

<p>CUSTOMER INFORMATION:</p> <p>Company Name: _____</p> <p>Requested By: _____</p> <p>Date: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Note:</p> <ul style="list-style-type: none"> 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. <p>Return to: American Portwell Technology 44200 Christy St. Fremont, CA 94538 Attention: RMA Department Phone: 510-403-3399 Ext. 3320 Fax: 510-403-3184</p>
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	Invoice No.	Invoice Date	Qty	Part Number (P/N)	Serial Number	Reasons for Return
1						
2						
3						
4						
5						

<p>This section to be filled by APT RMA Department:</p> <p>Action Request</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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Issued RMA#: