

RMA Form

RMA # -----

PI Manufacturing Corp.
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Tel: (909) 598-3718 Fax: (909) 598-1430
www.pimfg.com e-mail: rma@pimfg.com

Return Merchandise Authorization

Account No: _____
Name _____ Contact Person _____
Address _____ City _____
State _____ Zip Code _____ Phone _____ ext. _____ Fax _____
E-mail address _____ Website _____

RMA Type Requested:

() Repair, () Even Exchange, () Exchange For _____, () Other _____

Invoice #	Invoice Date	Part #	Quantity	Price	Serial #	Reason for return (If defective, please describe the problem)

1. Please complete all the requested information and **SIGN** below to obtain an RMA number.
2. RMA # is valid for 14 days from the date of issuance.
3. Please display the RMA # on all returned cartons and attach a copy of this form.
4. Customer is responsible for any damage or loss of goods during shipment. Please insure the package.
5. PI's RMA department will refuse any shipment returned without RMA #. or with expired RMA #.
6. All the items must be returned in their original packaging, including manuals, software, cables, and etc. Otherwise, a charge for any missing accessories will be applied.
7. Any item returned for credit/exchange not in original or re-salable condition will incur an additional re-stocking charge or be returned to you

Signature

Date

Print Name