

Tel: (626) 839-7488 Fax: (626) 839-7481 837 S. Lawson Street, CA 91748, U.S.A.

## RETURN MERCHANDISE AUTHORIZATION FORM

RMA NUMBE	ER:	REQUEST DATE:		
Name:	TEL:	FAX:		
Email :				
ADDRESS:				
City:	State:	Zip Cod	e:	
For QTY please put down exact number of discs you are sending back to us for RMA. Please note RMA is one to one exchange only. Please sent back all used and unused disc.				
QTY	QTY Part Number & Product Description		Purchase Date	
Detailed reason for return: (This section must be filled out in order to Obatain RMA)				
**Must Complete**				
Brand / Model Number of DVD Writer Used: Firmware revision:				
<ol> <li>RETURN INSTRUCTIONS:         <ol> <li>Return request must be made within 30 days of the date on your invoice.</li> <li>Returns must be sent in original carton and packaging. Items returned without original packaging may be subject to a returns surcharge of up to 25% of the purchase price.</li> <li>Return must be clearly labeled with a Return Material Authorization (RMA) number given to you by our customer</li> </ol> </li> </ol>				
service representative (CSR). Any return received without an approved RMA number will result in delay of credit and be subject to a restocking penalty charge of up to 25% of the purchased price.				
this time fram pruchase price subject to a r	ust be shipped by customer within 30 days of is ne may result in a delay of credit or exchange a ce. All accessory itmes, included with the produces nissing item charge.	nd a restocking penalty uct(s) must be included	charge of up to 25% of the in return. Items not inculded are	
handiling cha	voiced freight and handling charges are non-re irges for product return. re subject to One to One Exchange	fundable. Customer is i	responsible for all shipping and	
REQUEST PE	<u> </u>	VERIFY BY:		
NEGOLOT PE	NOON NAME.	VEIXII I DI.		
APPROVAL SIGNATURE: APPROVAL DATE:				

<sup>\*\*</sup> Please include the completed form along with the RMA disc and return to 837 S Lawson st, CA 91748 \*\*