

INTRON TECHNOLOGY LTD

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RMA Request Form

Important RMA Procedures

1. Please complete the RMA form with detailed description of the problem for your product.
2. Fax this completed RMA form with a copy of the original purchase invoice to (852)2790-6231
3. All RETURNING product serial numbers must match with the original invoice.
4. The RMA Dept. will FAX back to you a RMA number or provide a reason for RMA denial.
5. After you receive a RMA number, then you may return your defective products to Intron.
6. Your assigned RMA number is valid for 30 days from the date of issue.
7. Please write the RMA number on the outside of your shipping box (on the address line)

Complete this form and FAX it to the RMA Dept. WITH a copy of your purchase INVOICE

Company Name _____

Address _____

Phone No. _____

Fax No. _____

Attn: _____

QTY	ITEM	LOT#	INVOICE NO. & DATE	REMARK

For RMA Use Only

RMA# _____

Issue Date _____

Total Pieces _____