



RMA Request Form

RMA number:	
Issued Date:	

Please fill-in all appropriate fields on this form and fax to (408)943-9198, or email to: azhang@exclusive-networks.com

Requestor Name:	Requesting For (check one):	
Requestor Company Name:	[] Credit	
Address:	[] Replacement	
	RETURN MERCHANDISE TO:	
Phone#:	Fax#:	Exclusive Networks USA
E-mail:		2075 Zanker Rd, San Jose, CA 95131
Instructions:		
<ul style="list-style-type: none"> • Upon approval, RMA number will be provided by Fine Tec. It must be attached on the outside of packing box (es). • Return products must be in original packing box (es) with all the accessories. Do not include any other party's materials. • Please put proper insurance and care, Fine Tec should not be held liable for any improper packing or loss in shipping. 		

The product type of your returns:

	Invoice #	Part number	Serial number	Qty	Open/New	Reason For Return
1						
2						
3						
4						
5						
6						
7						
8						
9						