

ASAP Technology, Inc.

480 W Lambert Rd. Unit A, Brea, CA 92821 Tel: (714)5291242; Fax: (714)529-1243

Return Merchandise Authorization (RMA) Number Request Form

Company Name: _____

Contact Person Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

City: _____ State _____ Zip _____

Request Date: _____

To be filled by ASAP RMA Dept.

RMA No.: _____

Issue Date: _____

Note:

This RMA No. is valid for 10 days from the issue date.

** Please fill the form below clearly with each returning item. To help us processing your request promptly, you have to complete these fields: *Item no.*, *Serial no.*, and *Invoice no.* Thank you!**

Item No.	Serial No.	Problem	Invoice #	Inv. Date	Note

Please fax this form to (714)529-1243. RMA# will be issued within 2 working days. Thank you!

Notes:

1. All Return Merchandise must have an RMA number before sending back to us. There is no exception.
2. Please return your RMA merchandise in secure and proper packing; and also mark your RMA number outside the box. Any package without showing RMA number outside may be returned to the sender.
3. Return merchandise shall be sent back to us with freight prepaid and insured by the requester.
4. For the full and detail RMA policy, please check our Terms and Conditions.