

RMA Request Form

RETURN TO:



AMERICAN PORTWELL TECH. INC.

44220 Christy St.
 Fremont, CA 94538
 Attention: RMA Department
 Phone: 510-403-3320
 Fax: 510-403-3184
 Email: rma@portwell.com

CUSTOMER INFORMATION:

Company Name: _____
 Requested By: _____
 Date: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

Note:

- To expedite the RMA process, please provide all the necessary information by filling out this form completely.
- For tracking purposes, please include authorized RMA# on return packages.
- RMA# is only valid for 15 days from the date of issue.

#	Invoice No.	Invoice Date	Qty	Part Number (P/N)	Serial Number	Reasons for Return
1						
2						
3						
4						
5						

This section to be filled by APT RMA department:

Action Request

- Return for repair / replace
- Return for Credit (within 30days)
- Others _____

Issued Date: _____
 Issued By: _____
 Authorized signature: _____
 Remarks: _____

Issued RMA#: