

Request for RMA
Please fill out and return within 5 days.Company Name: _____ Customer No. _____
Company Address: _____ State _____ Zip _____
Phone Number: _____ Fax Number _____**RMA Policy Terms and Conditions**

1. IHI Electronics warrants its products to be free from electronic defects or faulty workmanship for thirty (30) days from the invoice date or within the warranty date issued on the invoice.
2. Any claims for shipment errors must be made within two (2) days of delivery.
3. All claims must be issued an RMA# within thirty (30) days from the invoice date or within the warranty date issued on the invoice. _____ Initials
4. IHI Electronics must receive the product within ten (10) days of RMA# issuance date. Any product received after ten (10) days may be refused. _____ Initials
5. IHI Electronics will not accept C.O.D. returns unless authorized. _____ Initials
6. Any product returned without an RMA# will be refused. _____ Initials
7. Any product returned with an RMA# for other goods will be returned. _____ Initials
8. A copy of this form must accompany all returns. _____ Initials
9. I have properly packaged all items as if they were new. I am aware and fully understand that if the product arrives damaged or not in proper ESD packaging IHI Electronics reserves the right to refuse or void the warranty upon arrival. _____ Initials
10. I have properly tested all products to ensure that they are truly defective. _____ Initials
11. I am aware and fully understand that if any product that I ship back as defective, and is found to be in working condition, I will be charged a \$65.00 an hour service fee. And all the items will be returned. _____ Initials
12. I Fully understand these Terms and Conditions. _____ Initials

Requested Products for Return

<u>Invoice #</u>	<u>Qty</u>	<u>Description</u>	<u>Date Code</u>	<u>Reason for Request</u>
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Comments:

Requested action:

~ Replacement of parts(If possible.) ~ Credit to Account ~ Return of Monies

Customer Authorized Name (Print) : _____

Customer Authorized Signature: _____ **Date:** / /

FOR IHI ELECTRONICS' PURPOSES ONLY

~ RMA Approved ~ RMA Declined

Authorized Signature: _____

* This form in no way approves any R.M.A. in any way and constitutes only a request for action by IHI Electronics.

