A Better Design • A Better		I	RMA RE	REQUEST FORM						
RMA NUMBER:	Please completely fill out the RMA Request Form & provide a copy of all									
DATE:	necessary invoices and information. ATTN: RMA@cidesign.com Phone No.: 949-273-6199 Fax No.: 949-273-6781									
Company Name:					Account No.:					
Address:					Inv / SO No.:					
City, State, Zip:					Phone:					
Contact Person:				Em	Email:					
Part Number Qty. Serial			Number Reason for Return			eason for Return				
			ACTIO	ΝΤΟΙ	BE TAKEN:					
Return to Stock (RTS)     Test and Report Result     Other:										
Re-stocking Charge % Issue Credit										
Repair and Return										
	RETURN PROCEDURES									
Repair and Return Authoriz 1. Complete and return this fo	ation:	with the ori	Shipping Informa	ation:						
number of the purchased pr	roduct by	email / fax.		Account No.:	Account No.:					
<ol> <li>A RMA number will be issue</li> <li>Only products indicated on</li> </ol>	the RMA	will be acce	epted for return.	Ship Via:						
Design is not responsible for 4. All products returned to Ci I	Design sh	ould be pro	perly packaged	Restocking Fee Agreement:						
<ul><li>prevent damage during shipping, and shipped back freight prepaid.</li><li>We will not repackage shipments.</li><li>5. The RMA number should be clearly written on the outside of the</li></ul>					Customer acknow	Customer acknowledges the re-stocking charge of:%				
package; otherwise, the pac				Customer Signatu	Customer Signature:					
department. 6. Advance Replacements (if eligible) will be invoiced, and credited					Disclaimer: Ci Design does not warranty cosmetic damage. All					
only upon receipt of the defective product. 7. A PO number will be required for all repair and/or advance					cosmetic damage will be returned as received unless indicated by customer to repair at customer expense.					
replacement orders. 8. All Repaired / Replacement	products	s will be shir	oped via Ground	Warranty: Externa	al enclosures have a limited 3 year warranty.					
Service. If an alternate or fa choose to be billed or provid	aster servi	ice is requir	red, you may		Products returned under terms of warranty will be repaired and returned to the customer.					
FOR OFFICE USE ONLY										
Management Approva	Management Approval:					Date:				
L										

Part Number	Qty.	Testing Resu	Status		
RMA Pending/Date:		RMA/Closing Date:	RMA/Signature:	RMA/Signature:	
Notes:					