



21489 Ferrero Parkway, City of Industry, CA 91789 Tel:(909)718-0789Fax:(909)718-0889

Return Merchandise Authorization Form

Company: _____ Contact Person: _____
 Tel: _____ Today's Date: _____
 Fax: _____ E-mail: _____
 Address: _____

RMA No. _____ Date Issue: _____ Issue By: _____
 (RMA# is valid for 10 days only)

Qty	Item No.	Invoice No.	Serial No.	Reason for Return

- 1.This RMA form is for Apevia's direct dealers and distributors use only.
- 2.To obtain a RMA number, please fill out the RMA form and fax it to us with copy of original invoice(s).
- 3.All RMA request will not be processed with incomplete information or illegible prints or products with serial number that does not match the serial number on package or invoice
- 4.Returned items must have original packaging. I.E. diskettes, manual or cable. Otherwise, we will make replacement according to what was received.
- 5.This warranty shall not apply to any damage due to further modification, misuse, improper installation, negligence or abuse.
- 6.RMA number must be placed on the outside box of the return package. Any package sent in without an RMA number may be rejected and retuned to the sender.
- 7.RMAs are to be shipped prepaid and insured.
- 8.In the event that an item is no longer available, we will replace it with a comparable item of equal or greater value.