



# RMA Service

SU# \_\_\_\_\_

Company: \_\_\_\_\_ Address \_\_\_\_\_ CF#: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_ Contact Name 2: \_\_\_\_\_ PO#: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_ SO#: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_ RMA Service \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Require \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Memo: \_\_\_\_\_ Memo: \_\_\_\_\_

**NOTE:** Please fill in all information, so we can check our product for good RMA Service .

**INSTRUCTIONS:** Fill out the required fields on the RMA Service Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

## PRODUCT CONFIGURATION DESCRIPTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROBLEM DESCRIPTION

No.	Item	Description	Engineer Comments
1	Failure Type1		
2	Failure Type2		
3	Failure Type3		
4	Failure Type4		
5	Failure Type5		
6	Failure Type6		
7	SN		
8			

## OTHER COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_