



Interface Amita Solutions, Inc.
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Return Merchandise Authorization Form

Instructions:

Please follow the steps below carefully to return a product:

1. Fill out the RMA form in its entirety. Keep one copy for your own record.
2. Explain the problem(s) you experienced with the product as detailed as you can in this form.
3. Obtain a Return Merchandise Authorization number (RMA number) and return address from Interface Amita Solutions, Inc. by sending the complete form as a .pdf or .doc attachment to info@amitasol.com. Do not ship your parcel until you receive an authorization number from us. We will NOT accept any product returns without an RMA number.
4. Mark your RMA number on the RMA form, put one copy in the box and ship it together with your product package.

Company Information

Purchase Date:	Invoice Number:
Company Name:	Contact Person Full Name:
Contact E-mail address:	Phone Number:
RMA Number: (To be filled out by IAS)	

Shipping Address

Name:	
Street Address (No PO Box):	
City, State, Zip (Postal)	
Country:	
Shipping Carrier:	Attn:
Collect Account Number:	
Special Instructions:	

Product Information

<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:	Quantity:	
Serial Number:		
Reason for return:		
<hr/>		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:	Quantity:	
Serial Number:		
Reason for return:		

Product Information (continued)

<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		
<input type="checkbox"/> Warranty	<input type="checkbox"/> Non-warranty	<input type="checkbox"/> Unknown
Part/Model Number:		Quantity:
Serial Number:		
Reason for return:		