

Date:

RMA#

**RMA REQUEST FORM**

Company Name: Order Date:

Customer Contact: Cust PO# :

Customer E-Mail: Cust Phone:

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| --- | --- | --- | --- | --- | --- |
| **PART NUMBER:** | **REASON FOR RETURN:** | **PI NO.#:** | **QTY:** | **Unit Price $** | **EXTENDED:** |
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| --- |
| DATE CODES: |
|  LOT CODES: |

* Please include a copy of your test reports and/or photos
* Be sure to note all date and lot codes of the returned items.
* Parts must not be outside of Allchip Electronic warranty period.
* All parts will be tested upon receipt.
If found to be in working condition, they may be returned at the customer’s expense.
* Only one RMA request per invoice is permitted.

Please contact your sales representative for assistance.

Thank you,

Allchip Electronic(HK) Limited