



RMA Request Form

Scansys, Inc.

2384 E. Artesia Blvd.
 Long Beach, CA 90805
 Toll free: 1-866-420-7226(SCAN)
 Fax: 562-428-0300

Customer (Company Name)	Contact Name	Date
Address:	RMA #	Auth By
Tel:	Fax:	Type: Repair, Exchange, Credit, other _____

	Part No.	QTY	Discription	S/N	Invoice# / Date	Reason for Return	QC Result
1							
2							
3							
4							
5							

Notes:

1. Please fax a copy of original invoice with the RMA request form.
2. Merchandise for return or replace will not be accepted without an RMA # (The number is good for 30 days).
3. RMA# must be printed clearly on two sides of the returning box(es).
4. DOA items or items returning for credit must be returned within 7 days, and in the later case within 30 days from date of invoice.
5. A brief description of problem(s) is required on all product(s) returned.
6. Be sure to enclose your returning address.
7. Damage or loss of goods during shipment is the sole responsibility of the customer.
8. Any merchandise received for RMA will be replaced or fixed at Scansys's decision.
9. Items returned which do not match with original RMA request or not an Scansys product will only be shipped back and customer is responsible for freight charges.

RMA RECEIVED	COMPLETED DATE	ACCOUNTING APP'D	SHIP OUT