



8900 Research Drive  
 Irvine, CA 92618  
 TEL: 949-272-2930  
 FAX: 949-450-0388  
 rma@racksolution.com  
 http://www.racksolution.com

## RMA Request Form

Please fill out RMA Request Form and fax **RAM form with Original Invoice** to 949-450-0388. **ATT: RMA Dept.** Please allow one working day for processing and RMA return number confirmation. All return packages must have RMA number printed on packages or packing slip.

<b>For RSI office use only</b>
RMA#: _____
Date: _____

Company Name:		Date:	
Contact:		Address:	
TEL:		City:	
FAX:		State / Province:	
Email:		Zip code	
Original Invoice Number:			

Product Name / Model:	Serial Numbers:	Qty:	
Problem:			

Product Name / Model:	Serial Numbers:	Qty:	
Problem:			

Product Name / Model:	Serial Numbers:	Qty:	
Problem:			

Product Name / Model:	Serial Numbers:	Qty:	
Problem:			

Return for Repair / Replacement
  Return for Credit (within 30 days)

**\*\*\* FOR RSI OFFICE USE ONLY \*\*\***

Incoming Inspection by:	Check-in Date:
Problem found:	
Return Shipping Date:	Ship Via:
Tracking number:	