



American Portwell Technology

## RMA Request Form

Doc. No: RF-751-002 Rev. C

### CUSTOMER INFORMATION:

Company Name: \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Note:

- To expedite the RMA process, please provide all the necessary information by filling out this form completely.
- For tracking purposes, please include authorized RMA# on return packages.  
RMA# is only valid for 15 days from the date of issue.

Return to: American Portwell Technology  
44200 Christy St.  
Fremont, CA 94538  
Attention: RMA Department  
Phone: 510-403-3399 Ext. 3320  
Fax: 510-403-3184

	Invoice No.	Invoice Date	Qty	Part Number (P/N)	Serial Number	Reasons for Return
1						
2						
3						
4						
5						

This section to be filled by APT RMA Department:

#### Action Request

Return for repair / replace  
 Return for Credit (within 30days)  
 Others \_\_\_\_\_

Issued Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

Issued RMA#: