

Note: This is not an approved Return Material Authorization.

Any package returned without an Optimus RMA# on the outside of the box will be refused.

PLEASE ALLOW 24 HOURS FOR RESPONSE ON PICKING ERRORS & 48 HOURS ON ALL OTHER ISSUES

OPTIMUS

3765 Winchester Rd.
Memphis, TN 38118
FAX NO: 901-259-1892

**RMA
REQUEST**

FAX

Company Name _____ Date _____
Customer Name _____ Phone# _____
Fax# _____

NOTE: RMA request must be submitted within 60 days of purchase.

Upon approval, items must be returned, properly packaged, within 30 days.

I originally ordered the product on _____ The Optimus Invoice # is: _____
PO# _____

| Item # Customer Says Ordered | QTY | Item # Customer Recieved | QTY | Item # On Invoice | QTY Invoiced |
|------------------------------|-----|--------------------------|-----|-------------------|--------------|
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Reason for requesting a Return:

* Customer Cancellation & Wrong Item Ordered are subject to a restocking fee

(15% fee on stock items & 20% fee on non-stock items) and items must be reusable

Customer Cancellation*

Wrong Item Ordered*

Wrong Item Shipped

Warranty (Reason) _____

Warranty RMA with no reason will not be processed. Upon return, we will forward to manufacturer for determination

Shortage (Did not receive)

Other (Subject to Restocking Fee)

OFFICE USE ONLY

APPROVED - RMA#: _____

Restocking Fee? Y____% N____

Call Tag? Y____ N____ (You must return freight prepaid)

Must be resellable. RMA# must appear on return package.

RMA expires on _____

NOT APPROVED _____