

Customer : _____ Date : _____
 Contact Person : _____ Address : _____
 TEL/FAX : _____
 E-mail : _____

Complete by OvisLink RMA Dept.
 RMA No.: _____
 Date : _____
 Issued by : _____

OvisLink item Name #	Parts Description/ your item#	QTY	Serial No.	Reason for Return Attach info/defective report if required	OvisLink Use Only			Total Cost of Extra Parts
					Warranty covered	Defective Problem	Repair/ Replace parts	
	Original packing for RMA is required in order to send a complete set back to you. Fee(s) for Extra parts to supplement packing will apply. Please specified here:(Yes/No) _____							
	Packing include:							
	Packing include:							
	Packing include:							
	Packing include:							
	Packing include:							
	Packing include:							
PLEASE PROVIDE A SPECIFIC DESCRIPTION OF THE PROBLEM					Total Credit:			
DESCRIPTION SUCH AS "BAD" "DEFECTIVE" "D.O.A." "DEAD" "UNREPAIR" WILL NO LONGER BE ACCEPTED. PLEASE BE MORE SPECIFIC!!!					Total Cost:			

During the warranty period, OvisLink repair or replace defective parts with new or reconditioned parts at OvisLink's option without charge to you. Warranties extended only to defects which occur during normal use, and do not extend to the damage products which results from alteration, repair, faulty installation, unusual, physical or electrical stress or service by anyone. If RMA item is no longer available in the warranty period, OvisLink reserves the right to either substitute with a similar product or issues a credit based on the current selling price.

*All required fields on this form must be completed. *If products are not returned complete as described above, restocking charges will apply.
 *All freight charges for shipping to OvisLink must be pre-paid by sender unless approved by OvisLink and indicated on this form (otherwise freight charges will be deducted from RMA credit).
 *All defective items should be returned with original packing (e.g., manual, installation guide, driver disk, connector, power adapter, cable....., etc.) or else, cost of extra parts will apply as describe on the form.
 *Clearly indicate the RMA number on the shipping label or on the box (es) being returned and enclose this form inside the box; otherwise, the shipment may be refused.

REMARKS: _____
 Customer signature: _____
 *RMA# will be voided if issued after 30 days. *Signature required before RMA# will be issued

OvisLink RMA Dept. Only.
 Return VIA : UPS EMS with next order Pick up Other
 Received by : _____ Date: _____