

RMA(Return Merchandise Authorization) Request Form

Form: Saltex-Form-RMA00 Ver:

Dear customer, please fill out this form and send it back to Saltex Group.

Company Name		Contact Person	
Telephone No		Fax No	
Email		Request Date	
Shipping Address		Requestor's Signature	
Distributor or Direct Buyer	Note: <i>If you are not the Distributor/Direct Buyer, you must list the name of the Distributor/Direct Buyer from whom you obtained the products.</i>		
RMA Type (Check One Box)	<input type="checkbox"/> Return for Repair <input type="checkbox"/> Return for Credit <i>(Must be pre-approved by Saltex Group and a restock fee will be charged)</i> <input type="checkbox"/> Advance Replacement <i>(Must sign the "Terms for A.R." at the bottom of the form)</i>		
Invoice No. / P.O. No.			
Have discussed with Saltex's Tech. Support Staff? <input type="checkbox"/> Yes <i>(If "Yes", please fill out the following line)</i> <input type="checkbox"/> No <i>(If "No", your RMA request will be denied or deferred)</i>			
Name(Saltex Tech. Support Staff)		Date	Case No.
Return Items			
Brand/Part Number	Serial No. (If applicable)	Qty	Problem Description

Terms for Advance Replacement:

You must return the above referenced item(s) within 15 days (for domestic customers) or 30 days (for international customers) from the Adv. Replacement invoice date in order to maintain your account in good standing. You must also provide the proof of shipping.

1. Saltex reserves the right to refuse issuing a new RMA for an Adv. Replacement to a customer if the customer did not return products related to previous Adv. Replacement RMAs on a timely manner or if the customer's whole account is not in good standing.
2. You will be responsible for the payment on the Adv. Replacement invoice if the above referenced product(s) or part(s) is not returned on a timely manner. Please refer to the "RMA POLICY" for details.
3. You have read, understood and agreed upon the guidance of Adv. Replacement stated in the Saltex's RMA Policy attached.

If you agree to the Terms for Advance Replacement, please sign below,

Printed Name: _____ Signature: _____ Date: _____
(Or retype name as electronic form of signature)

Saltex Use Only / Customer Service Comment

