



sales@rexususa.com

FOR OFFICE USE ONLY	
RMA#	

RMA REQUEST FORM

DATE: _____

COMPANY: _____ ACCT#: _____

ADDRESS: _____

CONTACT: _____ TEL: _____ FAX: _____

ITEM#	INVOICE#	INVOICE DATE	SERIAL#	QTY	PROBLEM DESCRIPTION

- Attention to All Customers:**
- 1. Any& all items listed on this form is for **RM A** (repair/replacement) purpose only.
 - 2. Any**RMA** return must be marked clearly outside the box. Otherwise, it will be refused.
 - 3. Complete & return this form with **A COPY OF THE INVOICE** and email sales@rexususa.com
 - 4. REXUS CORP. must receive **RMA** items **within 10 days** from **RMA** issue date.