



Return Merchandise Authorization

TO BE COMPLETED BY THE DISTRIBUTOR

Date Requested:

Customer Information		Distributor Information	
Company Name		Company Name:	
Contact Person		Contact Person	
E-Mail		E-Mail	
Phone Number		Phone Number	
Fax Number		Fax Number	

Product Returned: _____ (model number)

Quantity: _____

Serial # / Problem List: E-file Paper Not Available

RMA Class:

Dead on Arrival (DOA) In Warranty Out of Warranty

Service Requested :

Repair only Repair and Refurbish Exchange

Credit

Shipping: Air Sea _____

Date of Delivery : _____

Shipping/Tracking Info. : _____

To be Completed By Kaltis

Authorized product return No.: _____ **RMA** _____

Date Received: _____ Q'ty Received: _____

Kaltis Part Number:

Requirement / Instruction of The RMA (Kaltis internal use)	
1	
2	
3	
4	
5	
6	

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