



RMA NUMBER: _____

RMA Request Form

COMPANY: _____

CONTACT: _____

REQUEST DATE: _____

PHONE: _____

FAX: _____

INVOICE Number: _____

PART NUMBER	QTY	PROBLEM DESCRIPTION	SERIAL NUMBER	DATE PURCHASED

RMA number expires 30 days from issue.

Triad Spectrum requests that you return the product in the original packaging and package it carefully to prevent physical and ESD damage. The return must be shipped **prepaid** and only to the address listed below. Please **enclose** a copy of this RMA Request Form to help us expedite the repair of our product. Any product returned using Triad Spectrum freight account number will result in the freight charges being billed back to the customer. It is requested that you enclose a brief **problem description** of the problem you are encountering with your unit in the shipping carton. This can be attached to the authorization letter or simply written in the area provided on the form.