



**RETURN MERCHANDISE TO:**

**Genstor Systems, Inc.**

Attn: RMA Department

1501 Space Park Drive

Santa Clara, CA 94054

P: 408-980-0121 Fax: 408-980-0127

**RMA Request Form**

**RMA Number:**  
(If Known)

Issued Date:

**FIELDS BELOW MUST BE COMPLETED BY CUSTOMER**

System  Component

**Customer Information:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (Will be used to ship system/component back to you) \_\_\_\_\_

Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Product Details:**

System Serial number (Required): \_\_\_\_\_

Product Serial number: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Order number: \_\_\_\_\_

**Detailed Problem Description/Reason for Return:**

**Requirements:**

1. This form **must** be included with your shipment.
2. Our receiving department will **reject any merchandise without an RMA number** clearly marked outside of the package.
3. **Product must be packaged properly to avoid shipping damages.**

**Requesting For: (check one)**

- Repair for System/Component
- Cross-shipment
- Credit **\*\*must return merchandise in complete package. or we will charge you 15%-30% restocking fee\*\***

**Shipping Options:**

**Genstor Systems Inc.** will only pay for one-way shipment to customer (UPS or FedEx Ground). For faster shipping method, you must pay the difference.

**For Genstor Use Only:**

RMA Number allocated:

Problem Resolution Details: