

Return Merchandise Authorization Form



Company Name: _____

Address: _____

Contact Person: _____

E-mail Address: _____

Phone Number: () - () - _____
Country Code Area Code Number

Return Address:
 Please ask for the shipping
 address when we issues
 the RMA Number

AAS / UTP Balun - RMA Dept.

RMA No. _____

Date: _____

	PIC	Product Code	Qty.	Serial #	Problem Description	Did you Test	Physical or Visible Damage	For AAS / UTP only	
									Tested
1						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
2						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
3						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
4						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
5						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
6						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
7						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
8						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
9						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y
10						<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y

How to processing RMA

- Warranty:** Please refer to the "Product Limited Warranty Policy" on www.utpbalun.com
- Shipping:** All RMA return for repair/replace shipping expenses will be paid by the customer.
- Please email to sales@aes.com.tw or contact your sales rep. or AAS / UTP Balun RMA Dept. for the "RMA Form". We will send you the RMA number after receiving your returned form.
- Place the filled "**RMA Form**" with RMA product(s) together for shipping after receiving the RMA number from your sales rep.
- Fill in as detailed as you can for the problem description.
- Please process your RMA to AAS / UTP Balun quarterly or semi-annually to save the shipping cost. RMA form can be shipped with multiple pages.