AIMO Wireless, Inc.

15230 Valley Blvd. City of Industry, CA 91746 Tel: 626-369-6688 Fax: 626-369-6886 info@aimowireless.com Sales@aimowireless.com

R.M.A. (Return Merchandise Authorization) Request Form

Company: _____ Account #:_____ Contact Person: _____

City: _____ State: _____ Zip: _____ Date Faxing this form: ____ / ____ / _____

Phone: _____ Fax: _____ Sales Rep: _____

AIMO RMA USE ONLY
RMA #
Issued Date:
Received Date:

Please fax to 626-369-6886 Attn: RMA Dept.

	Invoice Number	Part Number	Detailed Problem	Received Date	RMA QTY	QTY for Credit	QTY for Exch.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

- **There will be a 20% restocking fee for all non-defective return**
- **Clearly Mark RMA# on shipping box, the shipment w/o RMA# will be rejected**
- **Compelte this form and Fax it to the RMA Dept. whit a Copy of your Purchase invoice**