



RMA REQUEST FORM

REQUEST TO OBTAIN RETURN MATERIAL AUTHORIZATION (RMA)

Valued Customer: Complete and return this form to the RMA department via e-mail (rma@oriontechnologies.com).

DATE		COMPANY NAME		CONTACT NAME	
PHONE		FAX		EMAIL	

QTY	PRODUCT PART NUMBER	SERIAL NUMBER	ASSIGNED RMA
CUSTOMER RMA P.O (If Applicable)			

Please describe the nature of the problem (attach details or reports where applicable).

Customer Shipping Address (*Re-worked/replacement products shall be shipped to the address below*)

ATTENTION	
COMPANY NAME	
STREET ADDRESS	
CITY, STATE, ZIP, COUNTRY	

Initial RMA Analysis Result

Failure Duplicated: Yes or No Evaluation Performed By: _____ Date: _____
 If No, additional information required?

NOTES:

Expected Delivery Date: _____

Please return unit(s) to Orion Technologies ATTN: RMA Department via UPS Ground on Acct number 30791V. Shipping packages shall be clearly marked with Orion-issued RMA number(s)