RMA (Return Material Authorization) Request

SHEET _____ of _____ Date Requested: _____

Smart Access, Inc.
2950 Lake Emma Road, Suite 1030
Lake Mary, FL 32746 USA
Phone: 407-331-4724
FAX: 407-331-0656
www.smartaccess.com

RMA #: _____ (office use only)

Your Fax Number: _____

INSTRUCTIONS:

1. Fax (no cover sheet required) completed RMA request form to (407)331-0656.
2. **WE WILL ASSIGN AN RMA NUMBER AND FAX IT BACK.**
3. Ship product to address above **AFTER RECEIVING RMA NUMBER.**
4. Include a copy of this completed form (with RMA number) inside box and print RMA number on outside of box.

YOUR ASSIGNED PO #

(Optional, If you have one)

REASON FOR RETURN: ❑ Repair ❑ Demo/Loaner Return Other _____

Requestor Contact Name: _____ Requestor Contact Phone #: _____

Ship To Name: _____ Return Address: _____

_____

_____

Bill To Name: _____ Address: _____

_____

_____

Special instructions/Remarks:

Model Number	Serial Number:	Description of Problem/Remarks