Return Merchandise Authorization Form



Email form to: Warranty@aptossolar.com Attention: Aptos Solar Technology Phone: (949) 932-0733 www.Aptossolar.com

RMA	Timeline: Claims tal	ке up to 60-90	days to process						
For Office Use Only			Company Name:						
RMA Number: AST_RMA_			Distributor Name & Sales rep contact:						
Date RMA Issued:			City:	State:	Zip Code:			_	
Processed By:			Requested By:						
Item Returned: Yes / No			Email:						
Date Received:			Phone: Fax:						
Quantity	Item Number		Description	PO Number	Serial Number (if applicable)	Reason Code	Credit		
					()				
								_	
								_	
								_	
Return Rea	son Codes		Comments / Special Insti	ructions					
Record appropriate number in the "Reason Code" column above. 1. Product defective 2. Damaged in shipping 3. Other									
If items need to be returned, please ship to the address below <u>after</u> receiving an RMA number :					For Office Use Only				
				Credit Issued: Yes / No					
Your Company Name				Credit Amount	Credit Amount:				
Ship To Address				Transaction N	Transaction Number:				
Contact Person				Date Issued:	Date Issued:				
Contact Information				Issued By:					
Receiving Hours				Comments:	Comments:				