



4682 Calle Bolero, Unit A Camarillo, CA 93012
Ph: (805) 777-7337 Fx: (805) 777-1128

RMA REQUEST FORM

Please complete the form below , print, and fax back to us along with a copy of your invoice, and test reports and/or photos.

Tier One Representative: _____ Date: _____

Company: _____ Phone: _____

Email: _____ Fax: _____

PART NUMBER:	REASON FOR RETURN:	INVOICE#:	QTY:	COST:	EXTENDED:

Serial Numbers: _____

Lot Codes: _____

- Please include all seral numbers and lot codes.
- Parts in question MUST be within Tier One’s warranty period
- RMA from Tier One must be issued via Email in order to be valid

Please contact your sales represantive or Tier One’s customer service for assistance.

Customer Signature _____

Print Name _____ Date _____