

# RMA REQUEST FORM

PLEASE FILL FORM OUT COMPLETELY

E-Mail to rma@ascentoptics.com

RMA #: \_\_\_\_\_ DATE REQUEST: \_\_\_\_\_

ACCOUNT MANAGER: \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

YOUR PHONE: \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

YOUR COMPANY NAME: \_\_\_\_\_

ASCENT OPTICS WILL RETURN ITEM(S) TO:

YOUR ADDRESS: \_\_\_\_\_

ATTN to: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ YOUR PHONE: \_\_\_\_\_ YOUR FAX: \_\_\_\_\_

QTY	Invoice Number# / Part Number #	Serial Number # (Must be complete & accurate for us to process your request)	Description of problem (Failure to include a detailed description will result in RMA request to be auto-declined)

**REQUEST TYPE: (Please cross out box)**

Return for Repair



Return for Credit



Customer Comments:

**NOTE:**

**\*\* PACKAGES WITHOUT RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED**

**\*\* ENCLOSE A COPY OF THIS FORM IN THE PACKAGE AND SEND ALL RETURNS TO:**

Shenzhen Ascent Optics Co.,Ltd.

Attn.: Repair Department

501,Block2,Wanyuan Business Building,Liuxian NO.2 Road,

71 Block,Bao an District.Shenzhen City,P.B China