

Document File Name Identifier-Title (Version & Effective Date):
AS91-0440-S&O-F01-Customer RMA Request Form (v01-A-241025-CFP)



ADSANTEC

Please complete the form below to request a **Return Material Authorization (RMA)**. Once completed, send the form to rma@adsantec.com for review and processing. Ensure all information is accurate to avoid delays in processing your request.

Customer Information

Date of Request: _____
Company Name: _____
Contact Name: _____
Email Address: _____
Phone Number: _____
Shipping Address: _____

Product Information

Purchase Order (PO) #: _____
Item Part Number (PN): _____
Quantity (Qty) Returning: _____
Item SN (if applicable): _____

Reason for Returning (Please provide detailed information):

Describe the Issue/Problem:

Is the product under warranty? Yes No

Please attach any **supporting documentation** (e.g., photos, test reports) with this form.
After review, you will receive an RMA number along with instructions for shipping the product back to ADSANTEC.

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