RMA Request Form

(Please fill this form and return by Fax: 24601266 / Email: cs@ictts.com for RMA Request)

Customer Information						
Company:				Date:		
Address :						
Contact :						
Email:						
Product Details Request for Return		L				
Model:	Product Name :					
Serial No. :	Invoice/Order N					
Problem Description :						
ICT Internal use Only						
Product Condition :	ondition: By:		Date :		RMA No.:	
Received / Rejected / Charge / Others						
Action for Return Product Details		I		<u> </u>		
Action for Product :						
		T				
Model:	Product N					
Serial No.:			'			
	- Customer			1.4		
Customer MUS	i present this s	slip to collect t	ne returned	d Item.		
	,					
Product Received Date :) F	RMA No.:			
Model : Product Name :	Serial No. :		Problem	Descriptio	n:	
Customer Received the Return Product						
Signature & Company Chop : Na	me :]	Date :		

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