

NOVA Engineering

6666 Catamaran Street, San Jose, CA 95119

Tel: 408-629-7451

Fax: 501-646-4667

Customer Request for RMA (Return Merchandise Authorization) Number

Customer Name: _____

Phone : _____

Contact Person(s): _____

Fax: _____

Address : _____

QT.	Item Number	(SN#), (part#),or (Date Code)	Invoice Number	Invoice Date	Problem Description	Note

Please Note: To help us process your RMA quicker and expedite your RMA request, please provide the following.

- (1) Provide a fax copy of invoice(s) with this RMA Request Form.
- (2) Remove all customer labels and markings on return merchandise before returning.
- (3) Describe the problem with information of testing setup/equipment(s), condition(s) of failure, and symptoms/error report.

The following will be completed by NOVA Engineering		
RMA Number:	Today's Date:	RMA will be expired in _____ days