Synergy Global Technology Inc   RMA REQUEST FORM

RMA Procedures: 1. All RMA request must be attached with a copy of the invoice and all the fields must be filled. Missing information will result in delaying your RMA request. 2. Customer can either fax the completed form with a copy of invoice to 510‑226‑8968 OR email the completed form with a copy of invoice to rma@rackmountmart.com . 3. After obtaining the RMA #, customer shall return the item to the following shipping address: Synergy Global Technology Inc, Attn: RMA dept, 1103-A Fulton Place, Fremont CA 94539

Important Notes: 1. Neither credit nor refund is allowed after 15 days of invoice date. Products showing signs of assembly will receive neither credit nor replacement. All acceptable returned goods will be charged a 25% re-stocking fee. 2. RMA number is valid for 7 days ONLY. Customer is required to return the item within 7 days after obtaining the RMA #. RMA number will not be extended or reissued. 3. Please display the RMA Number(s) on the shipping sticker (never on the carton) of the returned package. 4. Obtaining RMA # does not guarantee credit or replacement. Any product returned to Synergy Global Technology Inc without an RMA number becomes the property of Synergy Global Technology Inc and Synergy Global Technology Inc reserves the right to refuse any return for any reason or for no reason at all. 5. Customer pays shipping charge for any return to Synergy Global Technology Inc. 6. Any eligible return/exchange products must be returned in original condition including packaging, documentation, warranty cards, manuals, and accessories provided at the time of sale together with a RMA number and a copy of the invoice. Please visit **http:/www.rackmountmart.com/terms.htm** for more detail. **7 . Please complete the form in blue or black pen.**

Acceptance Disclaimer: I have read and agreed to the above Synergy Global Technology Inc RMA procedures and policy

Signature: _____ **Print Name:** _____

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☐ **Return/Credit** ☐ **Exchange: New PO#**_____ ☐ **Remodel to** _____ ☐ **Repair**

Date: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Contact Person Name: _____ **Fax #:** _____

Email address: _____

Invoice#:_____ **Serial #:** _____

Please issue RMA number(s) for the return of the following item(s):

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Part#	Qty	Description	Return Reason & Remark

RMA # Issued:

****** Item MUST be sent back within 7 days after issue of RMA# or may result in rejection of return******