

Synergy Global 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 Inc, Attn : RMA dept, 41394 Christy Street, Fremont CA 94538

Important Notes : No credit nor refund is allowed after 15 days of receipt of good. Products showing signs of assembly will receive no credit nor replacement. All acceptable returned goods will be charged a 20% re-stocking fee. 2. RMA number is valid for 14 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. We reserve the right to refuse return without RMA number shown on outside of the package properly. 4. Obtaining a RMA does not guarantee credit nor replacement. Items returned without an RMA number will be refused upon receipt. Synergy Global Inc reserves the right to refuse any return for any reason or for no reason at all. 5. Customer pays the shipping charge for returning the item and seller pays the ground shipping cost for returning the item. If customer wants faster shipping method, customer shall pay the price difference between the faster shipping method and ground shipping method. 6. Any product returned to Synergy Global Inc without an RMA number becomes the property of Synergy Global Inc and Synergy Global Inc is not obligated to provide a refund or replacement for such returned product.

Acceptance Disclaimer : I have read and agreed to the above RMA procedures and policy .

Signature : _____ Print Name : _____

Date : _____ Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Contact Person Name : _____ Phone # : _____

Email address : _____ Fax # : _____

Invoice # : _____ Serial # : _____

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

Part #	Item Description	Return Reason	Remarks