

Return Material Authorization Form

Customer Use

Customer Information

*Company Name: _____
 *Contact Name: _____
 *Telephone: _____
 *Address: _____
 Postal Code: _____
 *Email: _____
 *Date: _____
 Ship via Courier: _____
 Courier Account: _____
 Notes: _____

Product Information

*Part Number: _____
 *Serial Number: _____
 Description: _____
 *Reason for Return: _____

Freflex Use

RMA Number: _____
 Company Name: Freflex Inc.
 Contact Name: _____
 Telephone: _____
 Address: #1680, 1st Section of East Jinggong Road, Tianfu New Area, Chengdu
 Postal Code: 610213
 Email: sales@freflex.com
 Ship via Courier: _____
 Courier Account: _____
 Technical Analysis: _____

 Repair Price: _____
 Notes: _____

1. Must filled when "*" is applied.
2. A commercial invoice must accompany the return shipment.
3. Email a copy of the return form, commercial invoice and the package tracking number prior to departure to sales@freflex.com.
4. Return without an RMA number will NOT be accepted.