NETWORK SYNTHESIS

RMA REQUEST
RETURN MERCHANDISE AUTHORIZATION

Contact Name: _____ **Date:** _____/_____/_____

Company: _____

Ship To Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ - _____ Ext:_____ **Fax: (_____) _____ - _____**

Return Merchandise Information

In order to respond to your RMA request expediently, we must be provided with complete information. Please complete as accurately as possible. Use separate form when requesting return of item(s) ordered under another Original Purchase Order number. If you need assistance, please contact our Customer Service Department.

- Please Print Clearly -

Original Purchase Order Number	NS Invoice Number	Invoice Date	NS Sales Order Number

Qty.	NS Part Number	Detailed Description of Problem	Product Serial Number (Required)

Please return authorized material within 15 days of RMA approval date. ALL PACKAGING MUST BE CLEARLY MARKED WITH THE RMA NUMBER ON THE OUTSIDE FOR NETWORK SYNTHESIS TO ACCEPT THE ITEM. Items will not be accepted without an authorized and time-valid RMA number.

Authorized Approval
(For NS use only)

RMA Number: _____ **Date Form Received:** _____/_____/_____

Approval Authorized By: _____ **Approval Date:** _____/_____/_____