

<b>RMA Request Form</b>		<b>Acme Portable Machines, Inc.</b> 1330 Mountain View Circle Azusa 91702, USA Tel. 626-610-1890 Fax. 626-610-1882		
<u>Action Request:</u> (Choose One)				
Repair	Replace	X-Ship	Upgrade	Credit
<u>Customer Information:</u>				
Name			Attn	
Address				
City				
State			Zip	
Country				
Phone			Fax	
<u>Product Information:</u>				
Item:	S/N:		Invoice:	
Problem:				
Item:	S/N:		Invoice:	
Problem:				
Item:	S/N:		Invoice:	
Problem:				
<u>Note:</u>				
( Please provide feedback, comments, suggestions for EVALUATION UNITS )				

Note: RMA number must be printed on shipping boxes.

Note: Product without RMA number will be rejected and returned to sender

Note: A copy of the original Invoice is needed for all credit and cross ship services

Note: RMA # will ONLY be issued upon receipt of completed RMA Request Form

Note: Please visit our web at [www.acmeportable.com](http://www.acmeportable.com) for more information

**For Internal Use Only:**

RMA # Assigned:

Date Assigned:

Personnel Assigned:

Credit Approval : \_\_\_\_\_ Date: \_\_\_\_\_