PROLINK COMPUTER INC.
15336 E. VALLEY BLVD. CITY OF INDUSTRY, CA 91746
TEL: (626) 369-3833 Ex: 25 Che FAX: (626) 855-7613
Emailto: Che / ship@prolink-usa.com
www.prolink-usa.com

RETURN RMA REQEST FORM

COPANY:	RMA.No: (Issued by Prolink Computer.)
CONTACT PERSON:	DATE:
ADDRESS:	TEL NO.:
	FAX NO.:
	EMAIL:

ORIGINAL INVOICE COPIES MUST BE FAXED ALONG WITH THIS REQUISITION

Q'ty	ITEM No.	Serial No.	Invoice No.	Shipping Date	Reason	Warranty (Y/N)

PROLINK COMPUTER INC. R.M.A. POLICY

1. ALL RMA REQUEST FORM MUST BE COMPLETELY FILLED OUT. DO FAX THE COPIES OF ORIGINAL INVOICE.
2. NO CREDIT OR REFUND AFTER 30 DAYS FROM ORIGINAL INVOICE DATE. MERCHANDISE RETURN WITHIN 30 DAYS,WILL BE CHARGE 25% RESTOCKING FEE.
3. ANY PHYSICAL DANAGED ITEM IS OUT OF WARRANTY
4. RMA# IS VALID FOR 15 DAYS ONLY. WE HAVE CONFIRNED RECEIPT OF YOUR RETURED PRODUCT. PLEASE WAIT FOR ABOUT 30 DAYS BEFORE WE SHIP THE PRODUCT BACK TO YOU.
5. DO NOT REQURN ANY ACCESSORIES. HOWEVER REQTURN FOR CREDIT MUST BE FULL PACKAGE.
6. RMA# MUST BE PUT ON THE RETURNED BOXES CLEARLY AND ALSO PLEASE INCLUDE A COPY OF INVOICE.