



Customer Service Department

44805 industrial Dr., Fremont, CA 94538
 Request RMA FAX: (510) 217-3985

RMA Policy:

1. Contact your **Sales Representative** for assistance if you do not receive a response to your request for an RMA Number within 24 working hours.
2. RMA numbers will not be issued without filling in the invoice number, serial number, invoice date, item code or a description of the problem for each returned item.
3. RMA numbers for customers within California are good for 5days from the issuing date. RMA numbers for customers outside of California, but within the U.S., are good for 5 days from the issuing date (including Canada and Mexico). RMA numbers for customers outside of US (excluding Canada & Mexico) are good for 10 days.
4. Return merchandise must be shipped freight prepaid with a valid RMA number written on the outside of shipping box, otherwise the RMA will be rejected and returned.
5. All RMA shipments must include an approved RMA Request Form and the required copies of Invoices.
6. 2nd RMAs will not be accepted without the 1st RMA's packing slip and the corresponding old invoices.
7. Claims for shipping errors or damage in shipping must be made within 48 hours of receiving the merchandise. These claims will not be accepted after 48 hours.
8. Returned merchandise is subject to the lower of either a 15% restocking fee or a credit at the current market value. Credit will not be given 7 days from the date of invoice.
9. All DOA items and request for credit items must be received within (2) two days from the issuing date.
10. Merchandise returned in open boxes or with broken seals will not qualify for credit. Merchandise received in this condition will be replaced with the same item. Only merchandise returned in original condition may qualify for credit. A.M.T.F. reserves the right to issue or refuse credit.
11. It is not necessary to ship the full kits back to A.M.T.F. when returning defective components. Ship only the defective components themselves
12. A.M.T.F. reserves the right to replace requested parts that are not available with either an equivalent or better part. A credit at current market value will be given in case a replacement is not possible.

Company Name: _____ Customer Code: _____ Salesperson: _____
 Address: _____ Contact Person: _____
 City: _____ State: _____ ZIP Code: _____ Phone: _____ Correct FAX Number: _____
* Fax number is mandatory

Item Code	Qty.	Serial #	Inv. #	Inv. Date	Brief Description of Defect
1					
2					
3					
4					
5					

Your comments: _____
