

## **REQUEST FOR RETURN MATERIAL AUTHORIZATION / WARRANTY CLAIM**

١						ages of the Hiwin product.
	I	nis will as		analyzing the return a all Request for RMA f		
Date:	/	_/		-		
Cust	omer	Compa	any Name:			
Information		Compe	Adroce:			-
			City:		State:	_
			Phone: (	)	Zip:	-
Contact	t Person	:		_ Phone: ( )	Fax	( <u>)</u>
	Item	Qty.	P.O. Number	Part Number	(P/N of the Items to	o be returned)
	1					
	2					
	3					
		Note	: Failure to provide	e a P.O. or invoice num	ber may delay processir	ig the RMA
Reason	n for retu	۳n·				
Reader						
Return I	Details:					
	Return		it: 🗌		arranty: 🗌	· <u> </u>
		Note	: Returns for credit	t must be requested with	in 60 days of original in	nvoice date
$\triangleright$	Product	t & Qty. t	o be Shipped	Product:		<u>Qty.:</u>
		•	• •		xis Robot, Crossed Rol	ller Bearing, Linear Motor, etc.*
Should	replace	ment pa	rts be shipped b	efore we receive pa	rts being returned?	YES NO
	-	-		rn is received will be bil	•	
Ship-to Address (if different from the customer address above):						
Data r	onlacom	onte eho	uld be sent:	/ /	Shipping Method	
	onal Infor			//	Shipping Method	:
<u>/ toonic</u>		<u>ination.</u>				
Contact Signature:					Date: _	//
						XAGE TO BE SHIPPED.

PLEASE CLEARLY MARK RMA NUMBER ON OUTSIDE OF PACKAGE TO BE SHIPPED. FAILURE TO DO SO MAY RESULT IN HIWIN REJECTING SHIPMENT. A COPY OF THE RMA FORM SHOULD BE INCLUDED IN THE PACKAGE FOR PROPER PROCESSING.