



RMA Request Form

1. Please fill out this RMA Form and print it out. Bring the defective product(s) together with completed RMA Form and the original purchase invoice (showing product serial number) to Digital X Systems. Without those supporting documents, RMA will be rejected. NO exceptions will be made.
2. We're unable to issue the product without original copy of this RMA Form when customers pick up RMA replacement, so please return this form for pickup.

Request Date:

Customer Name:

Phone Number:	
E-mail Address:	
Invoice Date :	
Invoice Number:	

Product name:
Product Serial No.:
Problem Description:

I have read and accept Digital X Systems RMA policy.

Customer Signature: _____

FOR OFFICE USE	
Date Inbound:	
Date Outbound:	
Resolution:	

Please follow instructions carefully. Original package is highly recommended. Digital X Systems is not responsible for damage during shipping. If item not picked up within 60 days of completion will be disposed of at Digital X Systems discretion. Webpage www.digital-xs.com