

# OvisLink (Canada) Inc.

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## RMA FORM

Customer No.: \_\_\_\_\_ **RMA #** \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Contact Person: \_\_\_\_\_

### Office use only

Model No.	Qty	Problem	Invoice #	Serial#	Solution/Serial No.
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### OFFICE USE ONLY

RMA IN DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
RMA OUT DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 PICK UP / DELIVERY SIGNATURE: \_\_\_\_\_  
 SHIP BY \_\_\_\_\_ TRACKING # / WAY BILL# : \_\_\_\_\_

### Remark:

- \* All defective items must be returned in original packaging, including driver disk, connector, power adapter, ..., etc.
- \* OvisLink will not process any Returned Merchandise without a RMA #.
- \* Please mark your RMA # outside the box.