



iGoLogic, Inc.

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 Tel: 510-252-9388 Ext. 105 Fax: 510-252-9399
 Web: www.igologic.com | Email: rma@igologic.com

RMA Request Form

For iGoLogic Office Use Only	
RMA # :	Account Manager:
Expiration:	RMA Dept:

Date:

E-Mail:

Contact:

Tel:

Company:

Fax:

Address:

Reason of Return: (please check one of the followings for each RMA Form)

Incompatibility Evaluation Wrong Parts Defective Other(s) _____

Return for: Repair/Replace Credit

Inv. Date	Invoice#	Qty	Item No.	Serial #	Problem

Please fax this form and original invoice to 510-252-9399, we will reply within 24 business hours. We appreciate your business.

Approved by: _____

RMA RETURN INSTRUCTION

- Fax a copy of the original invoice and RMA form to request a RMA number.
- The RMA number is valid for 15 days from issued date.
- Mark the RMA number on each return package.
- Ship with copy of RMA form and copy of original invoice.
- If damaged during shipping, package shall be refused.

REPAIR/REPLACE POLICY

- All RMA returns for repair or replaced at our sole discretion.
- We will ship back the product by standard shipping carriers at our cost.

CREDIT/REFUND POLICY

- All RMA return for Credit/Refund is allowed only within 30 days from the invoice date, and a 20% restocking fee shall be applied.
- All packages must be completely returned in its resalable condition.
- No Credit/Refund allowed after 30 days.
- All Custom or special order products are NOT refundable.

WARRANTY

- All products are covered by a 12-month limited warranty period (parts and labor) from the date of the original invoice, unless specified by our extended warranty policy.
- Products with physical damage caused by the customer, removed and altered warranty stickers or serial number will automatically void the warranty and thus void the return. Manufacturers' warranties may vary on specific products. Manufacturer warranty information is subject to change without notice from the manufacturer.

Customer Signature: _____
I have read, understand, and agree to this statement