Submit by Email

REXUS®
We Power Your Future
349 Pase Tesoro
Walnut CA 91789
Tel: (909) 598-5551
Fax: (909) 598-5515

FOR OFFICE USE ONLY	
RMA#	

RMA REQUEST FORM

DATE:

COMPANY: _____ **ACCT#:** _____

ADDRESS: _____

_____

CONTACT: **TEL:** **FAX:**

ITEM#	INVOICE#	INVOICE DATE	SERIAL#	QTY	PROBLEM DESCRIPTION

Attention to All Customers:

1. Any& all items listed on this form is for **RM A** (repair/replacement) purpose only.
2. Any**RMA** return must be marked clearl y outside the box. Otherwise, it will be refused.
3. Complete & return this form with **A COPY OF THE INVOICE AND FAX TO (909) 598-5515**
4. REXUS CORP. must receive **RMA** items **within 10 days** from **RMA** issue date.