

RMA FORM

EMAIL TO: support@athertonelectronics.com

6840 ORANGETHORPE AVE UNIT G

BUENA PARK, CA 90620

Tel: 1-714-733-7866

OFFICE USE ONLY				
DATE:				
RMA NO.:				

FORIVI, THEN						
		CUSTOMER INFORMA	TION			
COMPANY:						
CONTACT NA	AME:					
ADDRESS:	STATE: ZIP: FAX:					
CITY:						
PHONE: EMAIL:						
CIVIAIL.				<u> </u>		
Model NO.	Q'ty	REASON OF RETURN DESCRIPTION	Serial NO.	Order Date		
AT PA NOTE 2: PLE PA	HERTON RE CKING DUR ASE PRINT CKAGE. ASE CLEARI	VITH ORIGINAL PACKAGE OR EQUIVALENT PACESERVE THE RIGHTS TO REFUSE ANY RMA RECRING THE TRANSPORTATION OF RETURN. OUT THIS FORM AFTER AUTHORIZED WITH RI	QUEST CAUSED BY DAMAGE OF IMPI	ROPER		
AUTHORIZE	J D1.		DAIL.			

PLEASE COMPLETE