

RMA REQUEST FORM

RMA #	
CONTACT	
TELEPHONE/FAX	
Email	
COMPANY	
DATE	

Part Number	Problem Description	QTY	Serial Number	Invoice Number	Invoice Date

Important: (Please read carefully)

1. All above information must be provided in order to process your RMA. Failure to provide above information will prolong RMA process.
2. Customer must provide the copy of original invoice(s) for us to process the RMA request.
3. Warranty void (Item(s) will be shipped back by collect) if RMA item(s) in following status: Physical damage; Opened software; Invalid/Incomplete/Modified serial number; Incomplete package; Insufficient sales information etc.
4. RMA number only valid 7 days, and all products are subjected to final acceptance by Galaxy Security.

Internal use only:

Received by: _____ Date: _____

Please click Submit button below to send this RMA Form by e-mail or send it by Fax to (905) 238-6982