

APPENDIX 1 Returned Material Authorization Request Form

Application date		RMA Number	Provided by INNO
Company Name		Company Address (City,Zip Code,Country)	
Phone Number		Email Adress	
Product Model		Product Serial Number	
Purchase Source		Purchase Date	
Date of Incident			
Defect Description	Description of troubleshooting & Emergency recovery attmpts:(Please describe in details,relevant pictures or video (must)		
Returned Components Checklists	1.		
	2.		
	3.		
	4.		
	5.		
	6.		