

RMA Request Form

KaleidoNet, Inc.

4111 Clipper Court.
Fremont, CA 94538

Phone#: 510-438-0288

Fax #: 510-991-9928

IMPORTANT RMA PROCEDURES

1. Must complete the RMA form with **detailed problem** of the products provide
2. All requests RMA must be accompanied by faxing the **original purchase invoice**
3. All request **serial numbers** must match with the original invoice.
4. RMA number is valid for **7 days** from the date of issue.

☆ **Must complete all information and return by FAX TO RMA department with INVOICE.**

Company: _____ Customer# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Fax date _____

For RMA use only

RMA# _____

Issue Date: _____

Total pieces: _____

☆ ***IT IS THE CUSTOMER'S RESPONSIBILITY TO CALL IF NO RMA # or RESPONSE WAS RECEIVED AFTER 24HRS***

| QTY | PRODUCT # | SERIAL NO# | INV NO# | INV DATE | DAILED PROBLEM |
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Special request

FOR ARECA USA RMA USE ONLY

RMA TIPS: To speed RMA process, please describe the problem as detail as possible. Please attach another sheet if need. Please be sure to check ARECA "Knowledgebase" at <http://tag/areca.com.tw/fq/> first for common issues. Your problem may have already been addressed with a solution.