

16200-A Carmenita Rd., Cerritos, CA 90703 Tel: (855) 456-8891 ◆ Fax: (323) 415-9110

RMA#
NIVIA#

Customer Account #:			RMA REQUEST FORM Customer Name:			Date:	
Address:			City: State		State &	e & Zip:	
Contact:			Email: Fax #:				
	□ Re	eplacement [Exchange	lit	redit Card	I	
number on the o	utside of th	e box. For mo	tems, or a 35% re-box ore details on our retur Return Policy page.				ur RMA
Item #	Qty	Γ	Description	Inv#	Inv.	Date	Serial#
1.							
Reason:							
2.							
Reason:							
3.							
Reason:							
4.							
Reason:							
transportation. P	lease insur	e the package	of issuance. Customer . For more details on o Return Policy page.				
Please do NOT V		1 0	items, or a 35% re-box shipping label.	ing fee will be applie	ed.		
From:							
r i Ulli.				BESTLINK NET	TWARE.	INC	
				16200-A Carmer	nita Rd.	,	
				Cerritos, CA 907	703		
				RMA#			