



## RETURN MATERIAL AUTHORIZATION (RMA)

### Customer Purchase Authorization

RMA No.:

P.O. No.:  (REQUIRED)

Date:

**OR** Credit Card Authorization:

Customer Name:

Return Address:

Ship To: HSQ Technology

26227 Research Road

Contact Name:

Hayward, CA 94545

Contact Phone No.:

**ATTN:** Parts and Repairs

Contact Email:

**Mark Shipment:**  (RMA No.)

Item	Qty	Description
1		Item:
		Problem:
2		Item:
		Problem:
3		Item:
		Problem:
4		Item:
		Problem:
5		Item:
		Problem:
6		Item:
		Problem:

Remarks/Notes:

Item	Qty	Description
7		Item:
		Problem:
8		Item:
		Problem:
9		Item:
		Problem:
10		Item:
		Problem:
11		Item:
		Problem:
12		Item:
		Problem:
13		Item:
		Problem:
14		Item:
		Problem:
15		Item:
		Problem:
16		Item:
		Problem:

Remarks/Notes: