RMA REQUEST FORM

winsis@winsis.com www.winsis.com

RMA #:

Item No.	Description	Quantity	Serial No.	Invoice No.	Invoice Date	Problem

Company: Customer Account# : Contact

Address:

Email: Phone: Phone:

Note:

1.Please review our RMA policies at www.winsis.com. Complete this form and fax it to us. You must include a copy of Original purchase receipt or invoice.

2. Products are to be shipped Freight Prepaid to Winsis within 7 days of issuance of RMA number. Winsis reserves the right to cancel without notice any RMA No. for which the product has not been received within 21 days of Authorization issuance. And per our policy shipments without a current and proper RMA number will be refused.

3.Please pack your return carefully. Preferably in its original packaging. Winsis will not be responsible for shipping damage incurred during the return process.