

QUADRANT USE ONLY

ISSUED BY: _____	DATE ISSUED _____
SUPPORT PROVIDED: _____	RMA#: _____ QC

**QUADRANT COMPONENTS**  
**4378 ENTERPRISE ST**  
**FREMONT, CA 94538**  
**TEL: (510) 656-9988**  
**FAX: (510) 656-6564**

DATE REQUESTED: \_\_\_\_\_

CUSTOMER NUMBER & NAME: \_\_\_\_\_ TEL:#:( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL : \_\_\_\_\_ FAX#( \_\_\_\_\_ ) \_\_\_\_\_

**REASON FOR RETURN:** (MARK ONE OF THE FOLLOWING)

- |                                  |                               |                                |
|----------------------------------|-------------------------------|--------------------------------|
| - CREDIT/REFUND RETURN _____     | •EVALUATION RETURN _____      | •WARRANTY RETURN _____         |
| ALL RETURNS OR REFUSED ORDERS    | INVOICE MUST STATE UNIT IS AN | 1-YR WARRANTY UNLESS OTHERWISE |
| ARE SUBJECT TO A RESTOCKING FEE. | EVALUATION OR SAMPLE          | STATED ON THE INVOICE.         |

\*QUADRANT IS NOT HELD RESPONSIBLE FOR SHIPPING CHARGES TO RETURN PRODUCTS.

QTY	PART NUMBER / DESCRIPTION (MARKING, # OF CHIPS, ETC.)	PROBLEM YOU ARE HAVING AND ENVIRONMENT (TESTERS, SYSTEM CONFIG) YOU ARE USING.	INVOICE # OR ORDER #

COMPLETE THE ABOVE INFORMATION AND RETURN THE RMA REQUEST FORM BY FAX OR E-MAIL.  
 AN RMA NUMBER WILL BE ISSUED BEFORE THE END OF THE FOLLOWING BUSINESS DAY.

[TECHSUPPORT@QUADRANT.COM](mailto:TECHSUPPORT@QUADRANT.COM)

[RMA@QUADRANT.COM](mailto:RMA@QUADRANT.COM)

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