

(Return Merchandise Authorization)

RMA number* _____ (The RMA is assigned by David-Link) Date: _____

I. Customer Info

Customer ID:* _____
Contact Person:* _____
Company Name:* _____

Address:* _____
Phone:* _____
Email:* _____

II. Product Info

Brand:* _____
Model: * _____
Serial Number: * _____

Purchase Date:* _____
Sales Invoice:* _____
O/R Number:* _____

III. Defect Description / Return Reason*

Error Type: Total Outage Partial Outage Damage during delivery Others _____

Complete Details:*

IV. Request Action / Return Type*

Testing and Verification Replacement/New Product Other _____
 Quotation for Repair Repair

For David-Link use only

<p>Item received date: _____</p> <p>Comments</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>David-Link Contact _____</p> <p>Approved/Next Steps</p> <p><input type="checkbox"/> Warranty <input type="checkbox"/> Exchange of goods <input type="checkbox"/> Return delivery Date _____ <input type="checkbox"/> Concluded</p>
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RMA PROCESS:

- Step 1. Request a RMA generated number from our website under Help Center page www.davidlinkph.com
- Step 2. Enter the RMA number and all necessary data* in this form.
- Step 3. Send the complete RMA form by fax (+632) 818 4220 or by email davidlink.technicalsupp@gmail.com
Please indicate to the email the subject RMA# number and add this RMA form to the shipped devices.

Please note that return requests will be processed on the receipt of a completed RMA form only. Defect items being under warranty will be repaired or replaced free of charge. For out of the warranty items the repair or replacement will be invoiced accordingly. After receiving the defective items a confirmation by email or call will be send out by our personnel. If requested by the customer, for item repair a quotation can be provided upfront.

I agree the above mentioned terms and conditions of the RMA process:

Customer (Signature over printed name)

David-Link Representative (Signature over printed name)