



RMA REQUEST

DigitalGlue RMA #: _____ Date: _____

DigitalGlue Invoice #: _____

RMA P.O. #: _____ (If product has exceeded warranty period.)

Please complete the sections below and return the RMA Request to fax machine 949-606-8176 Attention: Customer Service, or email to rma@digitalglue.com

SHIP TO:

Customer: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

BILL TO (If product has exceeded warranty period.):

Customer: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

PRODUCT INFORMATION

Product Description: _____

Part Number: _____ Serial Number: _____

Problem Description: _____

Product Disposition: _____

Please Return Defective Unit(s) To: **DigitalGlue**
26855 Jefferson Ave., Suite C
Murrieta, CA 92562

RMA NUMBER MUST APPEAR ON RETURNED PRODUCT PACKAGES

ALL UNMARKED PACKAGES WILL BE RETURNED TO SENDER