



RMA Request & Report

Customer Information (Completed by Customer)					
Customer:				RMA Number:	
Tel:				Date Issued:	
Fax:				Delivery Date:	
Contact Person:				AICSYS Sales:	
Address:					
RMA Description (Completed by Customer)					
Model Number:			Serial Number:		
PCBA Revision:			BIOS Revision:		
Problem/Failure Symptom:					
System Configuration/Environment (Completed by Customer)					
O/S:			O/S Revision:		
CPU Type:			CPU Frequency:	GHz/MHz	
Memory Module/Chip Vendor:					
Memory Type:			Memory Size:	GB/MB w/ x DIMM	
Backplane Model#:		Backplane Vendor:			
Power Supply Model#:		Power Supply Vendor:			
SATA/IDE Device 1:		Vendor:		Model#:	
SATA/IDE Device 2:		Vendor:		Model#:	
FDD Device:		Vendor:		Model#:	
On-Board VGA:		Vendor:			
Other Add-on Cards:		Vendor:			
Remarks:					
Below to be completed by AICSYS only					
Date Received:		Date Completed:			
Warranty: <input type="checkbox"/> YES <input type="checkbox"/> NO		Return Date:			
Problem/Failure Analysis:					
Action Taken:					
Suggestion:					
Labor Charge:		Material Charge:		Total Charge:	
Sales Confirmation:		QA Manager:		RMA Manager:	
				RMA Engineer:	