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RMA Request Form

RA No.:

Issued Date:

Company Name:

Contact Person:

Phone No.:

Address:

Q'ty	P/N	Invoice No.	Invoice Date	Faulty Description

Rremarks:

- ❖ Please check quantity and product number for all the returned items.
- ❖ Please include a copy of RMA REQUEST FORM with the returned items.
- ❖ Please mark the issued RMA NUMBER on the outside of shipping box.
- ❖ Please return all the products on RMA REQUEST FORM in one shipment.
- ❖ Please ensure utilise "Registered Post" via Australia Post, which is traceable and requires a signature for receipt and provides insurance. This is insurance for both you and us to ensure your return goes smoothly.