RMA REQUEST FORM

Returns must be authorized by original salesperson prior to issuing credits or replacements.

QSGI Inc
70 Lake Drive
Hightstown, NJ 08520
ph: 609-426-4666
fax: 609-482-4222 email: returns@qsgi.com

RMA#
(QSGI will assign # once form is returned and approved)

Date:

Customer:

Carrier:
Domestic
FEDEX___

Service:
Ground____

Ph#:
fax#:

Would you like:

Replacements_____ Credit____

Please reference RMA # on all boxes.

INVOICE/PO #	COST	QTY	PART NUMBER	REASON	TOTAL
				TOTAL:	

Upon receipt of returned product, QSGI will send replacements or issue credit. Warranty will not be honored if QSGI's markings are not on returned parts and not returned within 14 days.

Please reference RMA # on all boxes.

Authorization to be signed by QSGI Inc Salesperson _____