

Freelance Electronics  
13197 Sandoval Street  
Santa Fe Springs, CA 90670



Phone: 1-562-204-0611 Fax: 1-562-204-0621

**RMA REQUEST**

Claim # :  
Claim Date:

**This Form Must be Received Before an RMA# is Issued!**

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Company: PO#  
Address: Ship Date:  
Attention: Invoice#  
Phone: Fax: Terms:

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Item#  
Date Code:  
Mfg:  
Cross# \_\_\_\_\_

<b>QTY. RETURNING:</b> _____ <b>Reason:</b> _____ _____ _____
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Original Qty:  
Price:  
Total:

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**Please Note:**

In the signing of this document, I understand the terms and conditions of the return policy at Freelance Electronics. I understand that all requests must be made within 30 days of the date the order was shipped. I also understand that this request may be denied or approved. A 25% re-stocking fee may be charged depending on each situation and will be determined when parts are received.

As stated on the invoice, we will not fully refund/credit minor discrepancies due to age or nature of the materials. Should parts fail, proper documentaion from a certified test house is required and must be included when returning this form for review. Once we receive the parts back, we will inspect them and determine whether a refund/credit will be issued in whole or in part. Our RMA department will review this request and contact you as soon as possible with a decision and/or additional directions.

Should you have any questions, please do not hesitate to contact our RMA department.

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*\* To help us speed up the process of you request, please make sure to include a Test report for Failure, and/or Pictures to document your request.*

**Name:(print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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