



**RMA #:** \_\_\_\_\_

Complete the following form to submit a Return Merchandise Authorization (RMA) request. In order to expedite your request, please complete all the information below. NOTE: A 20% restocking fee will be added to all returns.

Please email the completed form to [rma@ellitek.com](mailto:rma@ellitek.com). You will be notified with an RMA number if your return request has been approved.

Upon approval, ship item(s) to elliTek, Inc., 7139 Regal Lane, Knoxville, TN 37918. Place a copy of the RMA form inside the box, print and attach the third page of this RMA to the outside of the box. PLEASE DO NOT WRITE ON THE OUTSIDE OF THE BOX.

For any questions concerning completion of the form, please contact elliTek, Inc., at the following email or by phone: [rma@ellitek.com](mailto:rma@ellitek.com); dial 1-865-409-1555.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cc Email: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

Return Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Province/Region: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

List units being returned for credit.

Quantity: \_\_\_\_\_ Part Number: \_\_\_\_\_

Product Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ ESN/MEI Number: \_\_\_\_\_

Date Code: \_\_\_\_\_

Original PO #: \_\_\_\_\_

Reason for credit request:

\_\_\_\_\_

Is unit still in sealed condition: \_\_\_\_\_ Yes \_\_\_\_\_ No

***For internal use only:***

Evaluation / Repair Performed: \_\_\_\_\_

Warranty Repair:            \_\_\_\_\_ Yes            \_\_\_\_\_ No

Charges Apply?            \_\_\_\_\_ Yes            \_\_\_\_\_ No

If NO, authorized by: \_\_\_\_\_

If charges apply, a quote will be provided.

DATE SHIPPED:            \_\_\_\_\_

SHIPPED BY:            \_\_\_\_\_

SIGNATURE:            \_\_\_\_\_

**elliTek**, Inc. Personnel

Doc rev 2025.08.06

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Please print this page and attach to the outside of the box.  
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