

RMA #: _____

To submit a Return Merchandise Authorization (RMA) request, complete the following form. In order to expedite your request, please complete all information below.

Please email the completed form to support@ellitek.com or fax to 1-865-229-9019. You will be notified with an RMA number if your return request has been approved.

Shipping information for sending the returned merchandise to eLLiTek, Inc. will be provided once the RMA is issued.

For any questions concerning completion of the form, please contact eLLiTek, Inc. support at the following email or by phone: support@ellitek.com; dial 1-865-409-1555.

First Name: _____ Last Name: _____

Email: _____ Cc Email: _____

Company: _____

Telephone: _____ Extension: _____

RET Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Province/Rgn: _____ Country: _____

List merchandise being returned for credit.

Quantity: _____ Part #: _____

Product: _____ Model #: _____

Serial #: _____ ESN/MEI #: _____

Date Code: _____ Original PO #: _____

Reason for return request:

Is unit still in sealed condition: _____ Yes _____ No

RMA #: _____

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