



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. 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 second 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; 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: _____

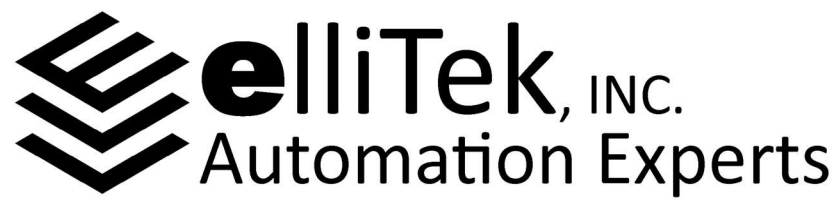
Serial Number: _____ ESN/MEI Number: _____

Date Code: _____

Original PO #: _____

Reason for credit request:

Is unit still in sealed condition: _____ Yes _____ No



RMA #:

Please print this page and attach to the outside of the box.
PLEASE DO NOT WRITE ON THE OUTSIDE OF THE BOX.