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## Return Material Authorization Form

<b>DATE:</b>		<b>TIME:</b>	
<b>TO:</b>	<b>AAXICO</b>	<b>FAX:</b>	+1 305 592-6828
<b>ATTN:</b>			RMA #
<b>FROM:</b>			
<b>COMPANY:</b>			
<b>CC:</b>			
<b>Total # of Pages:</b>			

When returning materials, please complete the following:

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PURCHASE DATE: \_\_\_\_\_ PURCHASE ORDER: \_\_\_\_\_

PART NUMBER: \_\_\_\_\_ AAXICO INVOICE #: \_\_\_\_\_

- REASON FOR RETURN: Please be as detailed as possible as this will expedite the processing:

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- PLEASE ADVISE METHOD OF SHIPMENT, AND AIRWAY BILL NUMBER

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- PLEASE PLACE THE RMA NUMBER ON THE OUTSIDE OF THE BOX.

Thank you

AAXICO

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