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RETURN MATERIAL AUTHORIZATION

(RMA) #: _____

ISSUE DATE: _____

To be completed by Sales/Customer Service at issuance of RMA #.

CUSTOMER: _____ CONTACT NAME: _____

ACI P/N: _____ QTY: _____

CUSTOMER P/N: _____ QTY: _____

ORIGINAL PO#: _____ PRICE EACH: _____

SALES ORDER #: _____ RFE#: _____

REASON FOR RETURN:

- ELECTRICAL FAILURE
- QUALITY (WORKMANSHIP)
- RFE
- REPAIR
- UPGRADE
- OTHER

BRIEF DESCRIPTION: _____

ACTION TO BE TAKEN:

CREDIT ONLY CREDIT & REPLACE FAILURE ANALYSIS/CAR

NO COST ASSOCIATED - REPAIR/ MODIFICATION/ REPLACEMENT

(ACI) REQUESTED BY: _____ DATE: _____

DATE RECEIVED: _____ RECEIVED BY: _____ QUANTITY RECEIVED: _____

CONDITION OF PARTS: _____

ACI CREDIT MEMO #: _____ DATE: _____ AMOUNT \$: _____

CUSTOMER DEBIT MEMO #: _____ REPLACEMENT PO #: _____