



3399 NW 72nd Ave. Suite 123 Miami, FL 33122  
 PH 305-593-6955 - FAX 305-593-6965

**RMA #**

**RETURN MERCHANDISE AUTHORIZATION**

Company Name : \_\_\_\_\_ Contact Person : \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_  
 State : \_\_\_\_\_ Zip Code : \_\_\_\_\_ Phone : \_\_\_\_\_  
 Email : \_\_\_\_\_ Fax : \_\_\_\_\_

Reason for return			
Invoice #	Model	Qty	If defective, please describe the problem

1. Please complete all the request information and **SIGN** below to obtain an **RMA** number
2. RMA # is valid for 14 days from the date of issuance
3. Please display the RMA # on all returned cartons and attach a copy of this form.
4. Customer is responsible for any damage or loss of goods during shipment.
5. PI's RMA department will refuse any shipment returned without RMA #
6. All The items must be returned in their original packaging, including manuals, software, cables, and etc. Otherwise a charge for any missing accessories will be applied.
7. Any item returned for credit/exchange not in original or re-saleble condition will incur an additional re-stocking charge or be returned to you.

Provisual Only
Repair: ( )
Replace: ( )
Store Credit: ( )
Accepted by:
Revised by:

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_