Air Live®
Powered by OvisLink Corp.

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R.M.A. Requisition

Fax to +886-2-2218-6988

Customer:	**Date:**	**Complete by OvisLink RMA Dept.**	
Name:	**Address:**	RMA No:	
Tel/Fax:		Date:	
E-Mail:		Issued by:	

Carton No.	Product Name	Q'ty	Serial No.	Description of problem (Reason for return)	Warranty Covered	Defective Problem	Repair/Replace Parts	Total Cost of Extra Parts	
1									
2									
3									
4									
5									
6									

Please Provide a specific description of the problem.	**Total Credit:**	**Total Cost:**
Description such as "Bad" "Defective" "D.O.A." "Dead" "Unrepair" will no longer be accepted. Please be more specific.		

During the warranty period, OvisLink repair or replace defective parts with new or reconditioned parts at OvisLink's option without charge to you. Warranties extended only to defects which occur during normal use, and do not extend to th damage products which result from alteration, repair, faulty installation, usual, physical or electrical stress or service by anyone. If RMA item is no longer available in the warranty period, OvisLink reserves the right to either substitute with similar product or issues a credit based on the current selling price

*All required fields on this form must be completed. *If products are not returned complete as described above, restocking charges will appl

*All freight charges for shipping to OvisLink must be pre-paid by sender unless approved by OvisLink and indicated on this form (otherwise freight charges will be deducted from RMA credit

*All defective items should be returned with original packing (e.g., manual, installation guide, driver disk, connector, power adapter, cable…., etc.) or else, cost of extra parts will apply as describe on the forn

*Clearly indicate the RMA number on the shipping label or on the box (es) being returned and enclose this form inside the box; otherwise, the shipment may be refusec

Remarks：

Signature： _____

Customer

*RMA# will be voided if issued after 30 days. *Signature required before RMA# will be issued

Return VIA：UPS☐ EMS☐ With next order☐ Pick up☐	**Receive by：**
Other_____	**Date：**