

**SOLIK INFO. INC.**

1240 Rue. Begin, St-Laurent, QC H4R 1X1  
Tel:514-3377070 Fax:514-3375858 e-Mail: rma@solik.com

DATE:  
**RMA No.:**

# RMA REQUEST FORM

Company: \_\_\_\_\_ Tel: \_\_\_\_\_ Contact: \_\_\_\_\_

No	Item Code(As Per Invoice)	Qty	Invoice	Serial No.	Problem/Note	Recieve By	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**RMA PROCEDURES:**

1. Please obtain RMA No. by Fax or e-Mail before returning.
2. Invoice copy must to be attached
3. Please detailed the return reason in the Problem/Note area.

failure to describe the problem with the item may cause the item to be returned as received or may be charged for testing.

4. All returned items must be well-packed to protect damage in shipment.

Received by Solik Staff: \_\_\_\_\_

Date: \_\_\_\_\_