



RMA REQUEST FORM

Company & Department Name:

Date:

Address:

Your Name & Title:

Phone:

Email:

Model #:

Serial #:

Reason for Return (symptoms):

Under what conditions did the failure occur?

Input Voltage:

Output Load:

How Long After Power Up?

Other Details:

PRODUCT IS TO BE RETURNED IN ITS ORIGINAL PACKAGING – PACKAGING INCLUDES CUSTOM CORRIGATED BOX AND ENGINEERED FOAM ENDCAPS. IF ORIGINAL PACKAGING IS NOT AVAILABLE, CONTACT INTELLIPOWER TO MAKE ARRANGEMENTS FOR THE APPROPRIATE PACKAGING TO BE SENT TO ENSURE PROPER PACKAGING FOR THE RETURN OF THE PRODUCT.

INTELLIPOWER USE ONLY

RMA #:

Assigned By:

Date: