



"Your Broadband Solution Provider"

Date: _____

Customer Company Name: _____

Customer Address: _____

Customer Telephone Number: _____

Customer E-Mail Address: _____

RMA Request Form

#	Part Number	S/N	Invoice Number	Reason Return	Warranty Y/N
1					
2					
3					
4					
5					

RMA Number From Alpha Telecom: _____

- 1) Put "RMA# Label with number we issued" on the top of the unit box.
- 2) Packing List with the Product Model, S/N#, and Accessories included in the box.
- 3) Your return address and contact information
- 4) Please ship it against the subject RMA# to the following address.

ATTN: RMA Department
 Alpha Telecom, Inc.
 1072 S. De Anza Blvd., #404
 San Jose, CA 95129

Telephone Number: 408-895-1800
 Fax Number: 408-825-2336
 E-Mail Address: OP@alpha-tele.com / dchia@alpha-tele.com