Return Merchandise Authorization Form

To ship product or hardware in for service, ship to:
TAG Global Systems Service Center **RMA # (_____)** **380 Fairview Way** **Milpitas, CA 95035**

Customer Bill-To Information   (*)Denotes Required Field

Company:*		**Date:***	
Address:*		**Phone:***	
		Fax:	
Contact:*		**Email:***	

Customer Ship-To Information

Company:*			
RMA Contact:*		**Email:***	
Address:*		**Phone:***	
		Fax:	
Email:*			
Shipping Account #:			

Product Information

Sales Order #:		**Invoice #:**	
Customer Reference #:		**Customer Return PO #:**	

Serial Number:*	Product #:	Problem Description:*
Total # of units:		*If addtional lines are required, please place the information on a seperate MS Excel sheet or add another form.*

http://www.tagglobalsystems.com/product-returns