



RMA Request Form



USE THIS FORM WHEN YOU NEED A RMA NUMBER

Customer Instructions – return number will be issued AFTER this form has been received by Parker SSD Drives.

1. Complete and return the form (the form MUST be completed)

2. FAX COPY OF PO WITH RMA REQUEST FORM (the RMA will NOT be entered into the repair queue until a hard copy of the PO has been received)

Return PO # _____ RMA# _____

Contact Name	E-Mail (Required)	Phone	Fax	Date		
Company		Address		City, State, ZIP		
	Model Number	Serial Number	Rush*	For Office Use Only		
				In Warranty	NWR	NFF
A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				* \$100	Non-warranty	No Fault
Reason for Return		Repair and return <input type="checkbox"/>		Evaluate only <input type="checkbox"/> (\$250 per item)		
A						
B						
C						
D						
E						
Return Shipment-to Address			Shipping Method			
Attention/Ref:						

Return equipment to:

Parker Hannifin - SSD Drives Div.

RMA # _____

9225 Forsyth Park Drive
Charlotte, NC 28273 USA

Phone: 704-588-3246

Fax: 704-588-4806

www.ssddrives.com