

**< RMA Form >**

**Required information for returning**

**Send to (F) 949-786-7891 Attn: RMA department manager**

Invoice Number: \_\_\_\_\_

Invoice date: \_\_\_/\_\_\_/\_\_\_\_\_ Item Part Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Reason of Returning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are reporting faulty behavior of equipment, please include test report file with this form.

Name & Signature: \_\_\_\_\_

Email & Phone Number: \_\_\_\_\_

Thank you.

Tera Micro, Inc. 10 Sunridge Irvine, CA 92604 Phone: (949) 559-4790 Fax: (949) 786-7891
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