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RMA REQUEST FORM

Please include a copy of this Form with authorized RMA # along with all the listed merchandise(s) to the address on the left. Returns without RMA # will be rejected and sent back at your charge.

1. REQUESTED BY				2. RETURN ADDRESS (if different from requestor's address)			
Requestor				Name			
Street				Street			
City	State			City	State		
Telephone	Zip			Telephone	Zip		
Fax				PLEASE PRINT ALL DATA			
E-mail							

3. RMA CATEGORY				
<input type="checkbox"/>	Warranty Repair	(Please provide purchase proof)	<input type="checkbox"/>	Return for Exchange
<input checked="" type="checkbox"/>	Out of Warranty Repair	(Repair cost must be prepaid)	<input type="checkbox"/>	Lamp Purchase
<input type="checkbox"/>	Ballast Upgrade (projectors only)		<input type="checkbox"/>	Other (please specify)

4. CREDIT CARD INFORMATION			
Card Type:	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Holder Name:			
Card Holder Address:			
Credit Card #:			Exp. Date: <input type="text"/>
Charge Amount:	Shipping + Tax (if applicable)	+ Authorized Signature:	<input type="text"/>

5. DEFECTIVE MERCHANDISE INFORMATION		
Model Name	Serial Number	Problem Description

RMA NUMBER	REMARKS
PLEASE DO NOT WRITE IN THIS SPACE	FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE
Request Date: Issue Date:	

- All return products with physical damage, mura symptom will be returned as is. Delta is not responsible for damage or loss occurred during shipping.
- Shipping freight must be prepaid. Customer is responsible for 2 way freight for OW repair.
- The RMA Number validity expires after 30 days. Merchandise not returned within 30 days of RMA # release will have to apply a new RMA # from Delta.
- All repairs shall be free of defects in workmanship and parts replaced for a period of 30 days. Failure symptom different than originally repaired are not covered under this 30 days warranty. A diag. fee will be applied if customer decides not to repair the OW unit.

* ONLY THIS FORM, DELTA RMA REQUEST FORM, IS ACCEPTED FOR RMA REQUEST.