

Return Format

For Purchaser		
※Date		
※Company Name		
※Division Name		
※Personnel Name		
※Email Address		
Phone/FAX	※Phone:	FAX:
※Post Address		
Return Request Details		
※Product Code		
※Serial No#		
※Reason of Retrun: Problem, Symptom		
Remarks for handling		

※ is an input required item. Please fill in the form.
Please fill out the above and send us an email to the buyer of our product.

For Distributor		
※Date		
※Distributor Name		
※Division Name		
※Personnel Name		
※Email Address		
Phone/FAX	※ Phone:	FAX:
※Post Address		
Additional Remarks		

※ is an input required item. Please fill in the form.