

**SPARKLE POWER INC.**17071 Green Dr., City of Industry, CA 91745
TEL: 408-519-8888 ext. 160, FAX: 408-519-9999**RMA**

DATE:

RMA NUMBER:

COMPANY NAME:

PHONE NUMBER:

FAX NUMBER:

CONTACT PERSON:

RTV NUMBER:

ADDRESS:

RMA TYPE: RMA RETURN EVALUATION RETURN 2ND RMAPLEASE REFERE TO OUR RMA
POLICY ON OUR WEB SITE
WWW.SPARKLEPOWER.COM

FOR SPI USE ONLY

PART NUMBER	S/N	REASON FOR RETURN	INVOICE		INSPECTION RESULT	ACTION	Remark
			NUMBER	DATE			



FOR SPI USE ONLY

RECEIVE DATE:

SHIPPED DATE:

SHIP VIA:

TOTAL: PCS

BOXES

TOTAL WEIGHT: LBS

TRUCKING NUMBER

CM NUMBER:

MTR NUMBER: