

**SPARKLE POWER INC.**1000 ROCK AVE. SAN JOSE, CA 95131  
TEL:408-519-8888X160/152, FAX:519-9999**RMA**

DATE:        /        /

**RMA NUMBER:**

COMPANY NAME:

PHONE NUMBER:

FAX NUMBER:

CONTACT PERSON:

RTV NUMBER:

ADDRESS:

RMA TYPE:  RMA RETURN  EVALUATION RETURN  2<sup>ND</sup> 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: