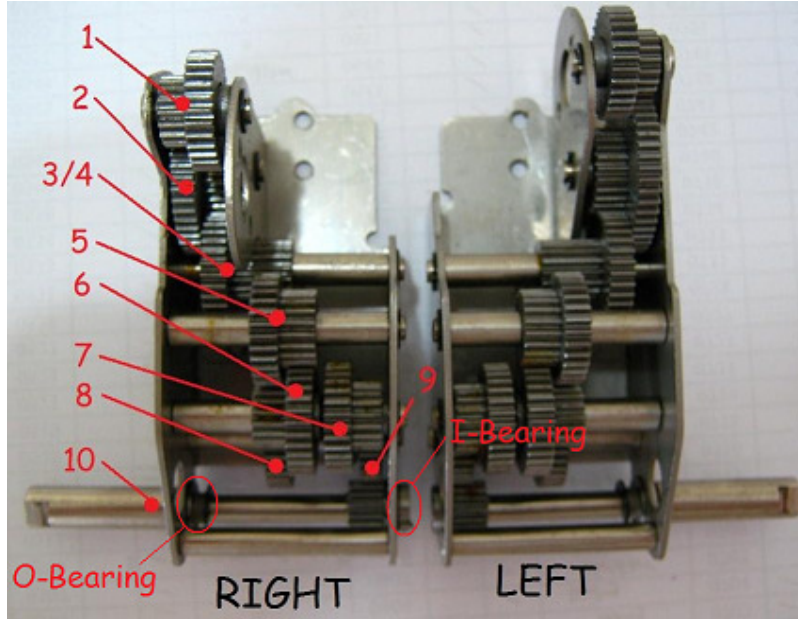


Request of TU RMA



Distributor/Dealer :
Date of request :
TU type :
Name and email address of Customer :
Tracking number when sent (if available) :
Defective TU date received by Customer :

Indicate the defective part(s)

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> RIGHT UNIT | <input type="checkbox"/> LEFT UNIT |
| <input type="checkbox"/> Gear #1 | <input type="checkbox"/> Gear #1 |
| <input type="checkbox"/> Gear #2 | <input type="checkbox"/> Gear #2 |
| <input type="checkbox"/> Gear #3/4 | <input type="checkbox"/> Gear #3/4 |
| <input type="checkbox"/> Gear #5 | <input type="checkbox"/> Gear #5 |
| <input type="checkbox"/> Gear #6 | <input type="checkbox"/> Gear #6 |
| <input type="checkbox"/> Gear #7 | <input type="checkbox"/> Gear #7 |
| <input type="checkbox"/> Gear #8 | <input type="checkbox"/> Gear #8 |
| <input type="checkbox"/> Gear #9 | <input type="checkbox"/> Gear #9 |
| <input type="checkbox"/> Gear #10 | <input type="checkbox"/> Gear #10 |
| <input type="checkbox"/> I-Bearing | <input type="checkbox"/> I-Bearing |
| <input type="checkbox"/> O-Bearing | <input type="checkbox"/> O-Bearing |

Describe concisely and precisely the defective part(s), with clear picture(s) provided
(use more than 1 page, if only needed)

Distributor's/Dealer's conclusion

IMPACT's conclusion

Issue of RMA

DENIED

GRANTED. RMA# Issued : _____

NOTE:

1. Distributor/Dealer must act on the best interest for IMPACT to analyze and gauge the request of RMA#.
2. IMPACT has the final decision on issuing the RMA#.
3. Distributor/Dealer to bear any shipment cost pertaining to the requested replaced part(s).
4. IMPACT has the full ownership of the defective part(s), and may request Distributor/Dealer to ship back to IMPACT.
5. If the part(s) was/were not required to ship back to IMPACT, Distributor must stored and tagged the part(s), as IMPACT might required them in the future