



Return Merchandise Authorization

RETURNS
 205 FULTON CT
 PEACHTREE CITY, GA 30269

DATE: _____

Please complete this RMA form and email back to support@avastor.com.

Shipping Information

RMA / SN # *

Company								
Name								
Address 1								
Address 2				Phone				
City			State			Zip Code		

It is the customer's responsibility to call if no response was received after 24 hours.

QTY	PART #	SERIAL # (SN)	PROBLEM WITH UNIT

Special Request(s):

***RMA # WILL BE THE SAME AS THE DEFECTIVE UNIT'S SERIAL NUMBER.**

By filling out this form and sending it back to Avastor, the customer agrees to the following:

- Avastor is not responsible for any data loss or transferring of data to the replacement drive.
- Avastor is in no way responsible for data not backed up by the customer.
- Avastor reserves the right to replace, reformat or initialize the hard drive(s) as appropriate.
- Avastor is not responsible for any accessories returned with the defective unit.
- Customer is not required to send defective unit back to Avastor until the Advanced Replacement is received.
- Customer will have 14 days to return defective unit to Avastor or will be billed for the Advanced Replacement.
- Unless otherwise noted, it is the customer's responsibility to pay for the return shipping of the defective unit.

Name: _____ Signature: _____