ZT Group Int'l, Inc.

350 Meadowslands Pkwy, Secaucus NJ 07094
TEL:201-559-1036 FAX:201-559-1034 (RMA)
e-mail: RMA@ZTGROUP.COM

Return Authorization

RMA Numbers:

Date Issued:

Quantity Approved:

Customer # : **Tel # :** **Fax # :**

Company Name: **Ship To:**

ZT Item Code	Item Description	ZT Warranty Label No.	Item Serial No.	Inv. No	Inv. Date	Description of Defect

Notes:

* All requests must include copy of proof of purchase(s). Please allow two business days to receive your RMA Number.
* RMA's must be shipped to the address listed above. Products shipped to any other ZT office will be rejected.
* Unless you are required to send the accessories with the returned item(s) otherwise **send bare parts only**. ZT will not responsible to keep or return any accessories.
* There is no cross-shipment for RMA replacements.
* For credit, please have your sales representative's approval and return the item(s) attention to him or her.

Date received: _____ **By:** _____