



Please fill out the portion of this form that lists your defective product:

**From Asia Pacific:**

To process this return, **you must provide original owner PROOF OF PURCHASE** for the product you wish to return. Please print, fill out the following information, scan your document(s), and e-mail them to: [apacsupport@mailbox.intel.com](mailto:apacsupport@mailbox.intel.com).

A return document and commercial invoice will be sent to you with an RMA number and instructions for returning the product.

PLEASE DO NOT RETURN PRODUCT WITHOUT GOING THROUGH THIS PROCESS. PRODUCTS RETURNED WITHOUT AN RMA NUMBER MAY BE RETURNED WITHOUT BEING REPLACED.

Product Name		Product Code
<b>Hubs</b>		
<input type="checkbox"/>	Intel® InBusiness™ 5 Port Hub	SH10T5US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Hub	SH10T8US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Hub Plus	SH10T8BUS
<input type="checkbox"/>	Intel® InBusiness™ 4 Port Fast Hub	SH100TX4US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Fast Hub	SH100TX8US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port 10/100 Fast Hub	SH101TX8US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Fast Hub Plus	SH110TX8US
<input type="checkbox"/>	Intel® InBusiness™ 16 Port 10/100 Hub	SH101TX16US
<b>Switches</b>		
<input type="checkbox"/>	Intel® InBusiness™ 4 Port 10/100 Switch	SS101TX4US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Switch	SS10T8
<input type="checkbox"/>	Intel® InBusiness™ 8 Port 10/100 Switch	SS101TX8US
<input type="checkbox"/>	Intel® InBusiness™ 8 Port Switch Plus	SS110TX8
<input type="checkbox"/>	Intel® InBusiness™ 16 Port 10/100 Switch	SS101TX16US
<b>Power Supply</b>		
Note: Power Supply has a one year warranty		
<input type="checkbox"/>	+7.5 V / 1.0 A Power Supply	719173-001
<input type="checkbox"/>	+5 V / 3 A Power Supply	696025-001
<input type="checkbox"/>	+5 V / 5.0 A Power Supply	A19222-001

Serial or part number on product: \_\_\_\_\_

Reason for return: \_\_\_\_\_

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: (NO P.O. BOXES PLEASE) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

SSN/EIN number (Korean customers only): \_\_\_\_\_