ARTEL
VIDEO SYSTEMS

Return Material Authorization (RMA)
Request Form

Customer Information	Request Date :	**RMA #**
Company:	Billing Address :	Shipping Address :
Contact:		
Phone # :		
Fax # :		
E-mail:		

Part Number	Serial Number	Model Number	Description of Problem	(Artel Use)	
				Warranty Status	Repair Charge

Please complete the Customer Information section and provide the part number, serial number and a description of the problem experienced.
For out-of-warranty equipment, please submit a Purchase Order with this request.
Please send the completed form by FAX or E-mail to: 978-263-9755 or customercare@artel.com

Please ship to: **Artel Video Systems** **330 Codman Hill Road** **Boxborough, MA 01719** **(978)263-5775**	****** *IMPORTANT* ****** **PLEASE ENSURE THAT YOUR RMA # APPEARS ON THE OUTSIDE OF YOUR RETURN PACKAGE(S)**