

## Return Material Authorization (RMA) Request Form

| Customer Information | Date: |
|----------------------|-------|
|                      |       |

| Company:    |                                    | Billing Address        | Shipping Address |               |
|-------------|------------------------------------|------------------------|------------------|---------------|
| Contact:    |                                    |                        |                  |               |
| Phone:      |                                    |                        |                  |               |
| Fax:        |                                    |                        |                  |               |
| Email:      |                                    |                        |                  |               |
| Doub Number | mber Serial Description of Problem | Description of Broblem | (Artel Use)      |               |
| Part Number |                                    | Description of Problem | Warranty Status  | Repair Charge |
|             |                                    |                        |                  |               |
|             |                                    |                        |                  |               |
|             |                                    |                        |                  |               |
|             |                                    |                        |                  |               |
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|             |                                    |                        |                  |               |
|             |                                    |                        |                  |               |
|             |                                    |                        |                  |               |

- 1. Complete the Customer Information section and provide the part number, serial number and a description of the problem experienced for each item you wish to return for repair.
- 2. Email the completed form to <a href="mailto:sales@artel.com">sales@artel.com</a> or fax to (978) 263-9755.
- 3. We will check the warranty status and respond to you with the repair cost, RMA Number and return shipping instructions.
- 4. A Purchase Order or Credit Card is required for out-of-warranty repairs.
- 5. Mark your carton(s) with the Artel RMA Number and ship to:

Artel Video Systems 5B Lyberty Way Westford, MA 01886