

DET-TRONICS RMA REQUEST FORM

*****NOTE: ALL SECTIONS HIGHLIGHTED IN ORANGE MUST BE COMPLETED*****

Please send completed form to RMA@Det-Tronics.com
 Contact Customer Service with any questions related to this request: 800.765-3473

| Contact Information | | Request Type (choose one) | | | Quality Assessment (choose one) | | | |
|--|--------------|---|-------------------|-------------------|--|------------------------------------|-------------------------------------|---------------------|
| Request Date: _____ | | <input type="checkbox"/> Request for repair (4 week standard lead time, PO required) <input type="checkbox"/> Check if preferred payment method is credit card | | | If manufacturer evaluation indicates expired warranty (choose one): | | | |
| Contact Name: _____ | | <input type="checkbox"/> Warranty Return (if item cannot be repaired, check one below) <input type="checkbox"/> Send Replacement <input type="checkbox"/> Issue Credit | | | <input type="checkbox"/> Det-Tronics to scrap onsite (no charge) <input type="checkbox"/> Return as is (customer responsible for freight) <input type="checkbox"/> Repair and return (PO required within 7 days of repair quote or material will be scrapped on site) | | | |
| Email Address: _____ | | <input type="checkbox"/> Return for credit (subject to restocking fees) | | | | | | |
| Phone Number: _____ | | | | | | | | |
| Company Billing Address | | Material Shipping Address (if different) | | | End User Information (REQUIRED) | | | |
| Company Name: _____ | | Company Name: _____ | | | Same as shipping address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Street: _____ | | Street: _____ | | | Company Name: _____ | | | |
| City, State, Zip: _____ | | City, State, Zip: _____ | | | Street: _____ | | | |
| Phone: _____ | | Phone: _____ | | | City, State, Zip: _____ | | | |
| Ship-to same as billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Attention: _____ | | | | | | |
| Please list each device on a separate line and be sure to include part/model number, serial number, reason for return, and a detailed description of the issue All requests for repairs are subject to a quality review by the Det-Tronics technical support team | | | | | These sections for Det-Tronics use only | | | |
| Part Number | Model Number | Serial Number | Reason for Return | Issue Description | Warranty Y/N | Evaluation Fee Minimum \$350 | Repair Estimate Minimum \$500 | Original Order # |
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Attention: Please ensure you save and/or make note of any custom software configurations applied to the equipment prior to returning it for repairs. After repairs are made, the Service Center will attempt to configure the device to its as received state but in some cases that may not be possible and the device will be returned to its original factory default configuration.

NOTICE: All sales are subject to Det-Tronics Terms and Conditions. See www.Det-Tronics.com.
 No additional or different terms apply unless agreed by Seller.