GRAPHTEC
GRAPHTEC AMERICA, INC.

RMA Authorization Form

Customer:		Model:		Date:	
Contact Name:		Serial Number:			
Telephone:		Date of Purchase:			
Fax:		Dealer Name:			
Bill To:		*Ship To:*			
Street:		Street:			
City, State, Zip:		City, State, Zip:			
E-mail:		Spoke to:			

Brief Description of the problem:

Customer Acknowledged and Agreed to Terms as stated below:

☐ Yes ☐ No Authorized by: _____

Terms: ***NON-WARRANTY REPAIR***

Customer Pays: Freight, parts, and labor [$200.00 minimum evaluation charge]
Customer Pays: All shipping cartons and supplies to provide safe return [if necessary]
Payment Method: VISA, MASTERCARD, AMEX or CASHIER'S CHECK

Office Use Only

Technician ☐ Yes ☐ No Technician's Name: _____

Do they want to talk with a technician? ☐ Yes ☐ No

Warranty: ☐ Yes ☐ No

Loaner: ☐ Yes ☐ No Model: _____ Serial Number: _____

RMA# _____

Call Tag Issued:

☐ Yes ☐ No Date Issued: _____

New Customer: Note Customer ID: _____

☐ Yes ☐ No Add customer to database and note Customer ID: _____