

RMA Authorization Form			
Customer:		Model:	
		Date:	
Contact Name:		Serial Number:	
Telephone:		Date of Purchase:	
Fax:		Dealer Name:	
<i>Bill To:</i>		<i>Ship To:</i>	
Street:		Street:	
City, State, Zip:		City, State, Zip:	
E-mail:		Spoke to:	
Brief Description of the problem:			
<p>Customer Acknowledged and Agreed to Terms as stated below:</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No Authorized by: _____ </p>			
<p>Terms: *WARRANTY REPAIR*</p> <p style="text-align: center;">Customer is responsible for inbound freight. Any consumables, supplies accessories, or options not covered under warranty agreement will be charged as needed.</p> <p style="text-align: center;">Payment Method: VISA, MASTERCARD, AMEX or CASHIER'S CHECK</p>			
Office Use Only			
Technician <input type="checkbox"/> Yes <input type="checkbox"/> No		Technician's Name: _____	
Do they want to talk with a technician? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loaner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Model: _____ Serial Number: _____	
RMA# _____			
Call Tag Issued:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____			
New Customer:		Note Customer ID: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Add customer to database and note Customer ID: _____	