



RMA REQUEST FORM

RMA ISSUE DATE
DATE:

INTERNAL USE ONLY
RMA # :

* Company:

* Date:

* Contact:

* Tel No:

* Address:

* Fax No: _____

Reason (please check one of the following):

Repair Request Warranty Service Evaluation Wrong parts Other(s) _____

Inv. Date	Inv. No.	Qty	Item No.	Serial No.	Problem Description

Details:

OUT OF WARRANTY

Internal Use Only

RETURN FOR: Repair Replacement Credit

Received:

Returned:

Completed: [] Yes [] No

RMA RETURN INSTRUCTIONS

- Fax copy of invoice and complete RMA form to 626.336.0065.
- RMA number shall be issued within 24 hours upon receipt of completed request form. **Once assigned, the RMA number is valid for only 14 days.**
- Please mark the RMA No. on every package to be returned. All returned merchandise must have this pre-assigned number. Otherwise, it shall be refused.
- All products must be returned within 14 business days from the date of RMA. All RMA numbers must be marked clearly on box. Packing must be equal to or better than original packing to prevent damage during shipping. EASTMAN SECURITY will reserve the rights to reject inadequately packaged items.

- Ship, prepaid, **within 14 days**, the defective product in original EASTMAN SECURITY packaging with a copy of this RMA form and invoice. If damaged during shipping, package shall be refused.

WARRANTY

EASTMAN SECURITY products are covered by a 12-month warranty period on parts and labor (from the date of the original invoice).

OUT OF WARRANTY PRODUCTS

Customers are responsible for the shipping and repair costs. The estimated repair costs will be given after the diagnosis on the returned products.

Signature _____
I have read, understand, and agree to this statement.