

RMA REQUEST FORM



PLEASE FILL FORM OUT COMPLETELY AND EMAIL TO:

RMA.USA@PROBEVISION.COM

DATE REQUEST: _____

DISTRIBUTOR INFORMATION*

NAME: _____ CONTACT: _____ PHONE: _____

EMAIL: _____

DEALER/ INTEGRATOR INFORMATION*

COMPANY NAME: _____

REPAIRED ITEM(S) RETURN TO: _____

SHIP TO STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

QTY:	MODEL NUMBER*:	SERIAL NUMBER*: <small>(MUST BE COMPLETE & ACCURATE FOR US TO PROCESS YOUR REQUEST)</small>	DESCRIPTION OF PROBLEM*: <small>(FAILURE TO INCLUDE A DETAILED DESCRIPTION MAY RESULT IN AUTO-DECLINE OF REQUEST)</small>

REQUEST TYPE*: (Please cross out a box)

RETURN FOR REPAIR

RETURN FOR CREDIT

NOTES/ COMMENTS:

PLEASE NOTE: **Remark:** Items with an (*) asterisk sign MUST be filled out completely to process the RMA Request
*****ANY PACKAGES SHIPPED BACK WIHTOUT AN RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED.*****
For any questions please email RMA.USA@PROBEVISION.COM