

CUSTOMER RMA REQUEST FORM

RMA NO: _____

DATE REQUEST: _____ **SHIPPED VIA:** _____

COMPANY: _____ **CONTACT PERSON:** _____

ADDRESS: _____

TEL: _____ **FAX:** _____ **DEPT.:** _____

| | Model # | Serial # | Q'ty | Problem | Comment |
|-----------|----------------|-----------------|-------------|----------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | Total | | | | |

RMA Process Requirement:

1. Send a note that describes all problems using this form.
2. All RMA request forms should be faxed directly to RMA department.
3. Incomplete form filling may cause delay in RMA process.
4. Print RMA# clearly on all mailing labels.
5. For all RMA units, customers should pay for the return freight charge and DVE will pay for the shipping charge when the repair or replacement is done.
6. Customers should hold responsibility for back-and-forth shipping charge covering all out of warranty units.
7. Improper packaging may cause delay in RMA process.