|  |  |
| --- | --- |
|  | **Return Merchandise Authorization Request** |
| Revision:  | VRMA-RT-16-10 |
| RMA Number (entered by DQ): | VRMA-CUST#-YYMMDD |

Please complete the below form,and submit to rma@visionnetusa.com.

An RMA number is required prior to returning product.The RMA number must be visible on the outside of the shipping box and packing slip. Only 30 units will be permitted per RMA #. Please do not include power supplies, packaging, cables, or manuals.

Once this form has been received, we will cross-reference the below information with our billing records, and issue an RMA number for return. VisionNet will inspect all units, and generate a detailed RMA report, within 10 business days of receipt of the returned product.

|  |  |  |
| --- | --- | --- |
| **Customer (Company) Information** |  | **Administrative Contact Information** |
| **Company Name:** |  |  | **Admin Contact Name:** |  |
| **Request Date:** |  |  | **Admin Contact Title:** |  |
| **RMA Return Street:** |  |  | **Admin Contact Phone:** |  |
| **RMA Return City:** |  |  | **Admin Contact Email:** |  |
| **RMA Return State:** |  |  | **Technical Contact Information** |
| **RMA Return Postal:** |  |  | **Admin Contact Name:** |  |
| **RMA Return Country:** |  |  | **Admin Contact Title:** |  |
|  |  |  | **Admin Contact Phone:** |  |
|  |  |  | **Admin Contact Email:** |  |

|  |  |
| --- | --- |
| **COMPLETED BY CUSTOMER** | **COMPLETED BY DQ TECHNOLOGY,** |
| **Item #** | **Product Model** | **Serial Number** | **Customer Diagnostics (Hardware, Software, or Undefined)** | **Diagnostics Notes** | **Unit Warranty Status**  | **Original Ship Date** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |