



RETURN MERCHANDISE AUTHORIZATION FORM

SI
11110 Metric Blvd. Suite D
Austin, TX 78758
(512) 832-6939 office

Please fax this RMA to (512) 832-6136
attn: RMA

Company Name:
Contact:
Address:
City:
Country:
Phone:
Fax:
Email:

Problem Description:

Requested Action:

For SI Use Only

Date Issued: April 20, 2006 **RMA #:**

Model #
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Invoice #
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Invoice Date
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Terms and Conditions:

Attention: A RMA # is required for all returns.

- 1) Your SI sales representative must be contacted to issue a RMA number.
- 2) RMA numbers are valid for 20 days. Any RMA goods received after the expiration date will be refused.
- 3) RMA Number must be written on the outside of each package.
- 4) All products must be securely packaged. Screen Innovations reserves the right to refuse inadequately packaged returns.
- 5) Replacement screens and/or parts will be charged to your account at dealer price and credited once original product returns to SI.
- 6) Please contact your SI sales representative when the product has been securely packaged and prepared for shipping.

*** We will not accept deliveries sent COD (Freight Collect) to SI ***

I agree to above terms.

X Customer Signature: _____ Date: _____

Billing Address: _____ (required if different from above)

City: _____ State: _____ Zip: _____

Below for Screen Innovations Use Only

Date Received: _____ Date Repaired: _____ Date Shipped: _____
Authorization: _____ Tech: _____ QA Tech: _____
Tech Notes:

<input type="checkbox"/> Credit Part #	<input type="checkbox"/> Refund Description:	<input type="checkbox"/> Out of Warranty	<input type="checkbox"/> In-Warranty Price:	Replaced	Repaired
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>