



# RMA REQUEST FORM

UPDATED November 22

Fax This Form To: 770-881-7167 or email to: service@4maxvideo.com

## Customer Return Materials Authorization Request Form

### Customer Details (Address will be used to return items to you)

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Product Details

Item	Model #	Serial #	Qty	Reason for Return of Item	Invoice #	Date

### RMA Request For (Please Check One):

- 4MAX Ship to Manuf for Warranty Repair
  Quote for Repair or Replace (Out of Warranty Items)
- DOA New Replacement (must be within 14 days of original order and include all packaging.)
  Credit Memo (must be unopened and within 14 days of original order.) 20% Restocking Fee usually applies.

### \*Credit Card Details (please provide credit card information to cover shipping costs)

Credit card will not be charged if the item was purchased within 30 days, or for active accounts. There will be an additional \$25 testing and processing fee charged for items returned as defective that are deemed to be working properly. Please test first.

Use Credit Card on File:  Yes  No

Use Credit Card Information listed below:

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CSC: \_\_\_\_\_