

TEKVISIONS, INC. RMA REQUEST FORM

REV 11
5/02/05

DATE REQUESTED: _____

DATE ISSUED: _____

RMA NUMBER: _____

RETURN INSTRUCTIONS

- 1. **FORM:** Completely fill out a separate Return Merchandise Authorization (RMA) form for each unit you wish to return. Incomplete RMA forms will be refused.
- 2. **FAX:** Fax the RMA form with a copy of your invoice to **678-730-1731**. An RMA number Will usually be issued within 24 hours. Valid for 15 days.
- 3. **PACK:** To avoid damages, please ship product(s) in original packaging materials. REMOVE SWIVEL BASE FROM ALL CRT MONITORS BEFORE SHIPPING. IF RETURNING A STALLION ALL-IN-ONE UNIT, PLEASE BE CERTAIN THAT THE VGA (video) CABLE IS UNPLUGGED BEFORE SHIPPING. TEKVisions, Inc. will **NOT** be responsible for any damages during shipping.
- 4. **SHIP:** Clearly print the RMA number on the Shipping Label and ship to:

TEKVisions, Inc., 300 Shawnee North Drive, Suite 500, Suwanee, GA 30024

Returning for Credit - Product(s) must be complete (including ALL cords, stands, accessories, manuals, etc), in original packaging, and in resalable condition. Charges will be applied accordingly for any damages or incomplete packaging.

Return for Repair – Products not found to be under warranty will be evaluated to determine the problem. Estimates for parts and labor (\$150.00 per hour) will be given. Minimum of \$95.00 labor will be charged on all repairs done.

If estimates are not approved within 30 days, equipment will be disposed of at TEKVisions discretion.

Advanced Replacement Units - Only issued for units found to be defective within 30 days of the invoice date. A replacement unit will be shipped and an invoice generated. No charges will be applied for 10 days. After 10 days, if the unit to be replaced has not been received, charges will be applied.

ALL UNITS RETURNED WITH NO PROBLEM FOUND - MINIMUM \$50.00 CHARGE

COMPANY NAME _____
 CONTACT NAME _____
 ADDRESS _____
 CITY, ST, ZIP _____
 PHONE # _____ FAX# _____ e-mail _____

*SHIP-TO ADDRESS IF DIFFERENT FROM ABOVE (If left blank, product will be returned to the address above.)
 STREET _____
 CITY, ST, ZIP _____

ORIGINAL INV # _____ dated: _____ (needed for warranty repair)

REQUESTING TO RETURN

PART# / DESCRIPTION: _____

SERIAL# _____

PROBLEM DESCRIPTION: (PLEASE BE SPECIFIC)

OPERATING SYSTEM YOU ARE USING WITH THIS PRODUCT: _____

NOTE: All computer repairs consist of extensive diagnostics of all components and may include a low level format on all hard drives. It is therefore advised that you back up all critical data before returning your PC. Your current Operating System will be reloaded after the diagnostic process is completed.