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| **RMA REQUEST FORM** | | | | | | | | | | | |
| **Partner ID #/Company Name** | | | |  | | | | | | | |
| **Partner Contact (Phone #/Email/Name)** | | | |  | | | | | | | |
| **Return Address** | | | |  | |  | | | | |
| **End User (Address/Company)** | | | |  | |  | | | | |
| **Qty.** | | **Full Part No.** | | | **Serial No.** | | **Details of the defect or problem** | | | |
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| **BILLING INFORMATION** | | | | | | | | **TYPE OF CLAIM**  **(Warranty/T&M/Immediate Failure)** | | | |
| **Original Shipping Sales Order #** | | | **New Purchase Order # For Service:**  **(REQUIRED)** | | | | |  | | | |
| **PLEASE NOTE :** All RMAs require a **Purchase Order #** even if an item is suspected to be under warranty or an immediate failure. If it is found that the item is under warranty at time of repair, PO will not be used. If a **PO #** is not provided, RMA will NOT be processed until one is acquired. All repairs for items out of warranty or not covered will be billed to **PO #**.  **PLEASE NOTE:** The **Sales Order #** that was provided during shipment of the itemis required for **Immediate Failure/Out Of Box Failure Items.** Failure to provide this, will prevent your RMA from being processed. **All** RMAs must be sent to office **30 days** from receiving RMA # or RMA will be closed.  **PLEASE NOTE:**  Please note that the approval and issuance of credit for advanced replacements are solely at the discretion of Matrix. | | | | | | | | | | | |

*A picture containing font, graphics, logo, text

Description automatically generated****\*****Once RMA request is received, entered and technician has confirmed information with Vendor, an RMA number will be provided to the* ***Partner Contact*** *listed above via email. All information needed for sending repair items will be provided in this email.****\****