

of Matrix.

		RMA REQUEST I	FORM
Partner ID #/Company Name			
Partner Contact (Phone #/Email/Name) Return Address			
End L	Jser (Address/Company)		
Qty.	Full Part No.	Serial No.	Details of the defect or problem
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	a Purchase Order # even if an item	is suspected to be under warranty or an immediate
		· · · · · · · · · · · · · · · · · · ·	, PO will not be used. If a PO # is not provided, RMA of warranty or not covered will be billed to PO #.
Of Box I	Failure Items. Failure to p		of the item is required for Immediate Failure/Out from being processed. All RMAs must be sent to

*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.*

PLEASE NOTE: Please note that the approval and issuance of credit for advanced replacements are solely at the discretion



