

RMA Number: _____ Date Authorized: _____

*THE SECTION IS TO BE FILLED OUT BY DTECH LABS RMA COORDINATOR*PLEASE COMPLETE THIS FORM AND EMAIL TO RMA@DTECHLABS.COM OUR SUPPORT ENGINEERS WILL CONTACT YOU AND ATTEMPT TO RESOLVE ISSUES THAT ARE POTENTIALLY CONFIGURATION OR SOFTWARE RELATED PRIOR TO AN RMA NUMBER BEING ISSUED.**RMA TERMS**

- Under this Return Material Authorization (RMA), the returned product will be evaluated by DTECH LABS technical support staff.
- If the returned product is found to be fully operational, a \$150 diagnostic fee will be charged and the returned product will be returned.
- If the returned product is found to be inoperable and is under warranty, the returned product will be repaired and/or replaced and returned at no charge.
- If the product is found to be inoperable and is not under Warranty, a \$150 diagnostic fee will be charged and a repair estimate will be provided.
- No repair work will be performed until a purchase order for the repair estimate has been received by DTECH LABS.
- If the customer elects to not have the unit repaired, a \$150 diagnostic fee will be billed to the customer, and the returned product will be returned with no repairs.
- This RMA document must be signed and returned to DTECH LABS before the diagnostic procedure and repairs can be initiated on the returned product.

CUSTOMER CONTACT INFORMATION

Organization: _____

Admin POC: _____ Technical POC: _____

E-Mail Address: _____ E-Mail Address: _____

Phone Number: _____ Phone Number: _____

Billing Address: _____ Ship From Address: _____ Destination Address: (When Repair Has Been Completed)

PRODUCT INFORMATION

NOTE: EACH RMA NUMBER IS VAILD FOR ONE SERIAL NUMBER ONLY

Product Name: _____ DTECH Serial Number: _____

Description of all observed issues:

RETURN SHIPPING INFORMATION

PLEASE REVIEW THE WARRANTY STATUS INDICATED BELOW. A PREPAID SHIPPING LABEL WIL BE PROVIDED FOR WARRANTY VAILD REQUESTS IN ORDER TO EXPIDITE YOUR RETURN. PLEASE PROVIDE PACKAGE WEIGHT AND DIMENSIONS IN THE APPROPRIATE FIELD. WHEN PACKAGED PLEASE INCLUDE A COPY OF THIS SIGNED DOCUMENT WITH THE PACKING SLIP ON OR INSIDE THE BOX AND MARK THE PACKAGE WITH THE ASSIGNED RMA NUMBER.

*FORM TIP: SAVE A COPY OF THIS FORM TO YOUR LOCAL COMPUTER WITH YOUR CONTACT INFORMATION COMPLETED. FILL IN ISSUES AND PRODUCT INFORMATION FOR NEW REQUESTS, DIGITALLY SIGN AND SEND TO RMA@DTECHLABS.COM THEN RIGHT CLICK AND CLEAR YOUR SIGNATURE, SAVE THE FORM FOR FUTURE USE, EDIT NEW ISSUES.*ATTN: RMA# _____ Weight (lbs): _____ Length (inches): _____ Height (inches): _____ Width (inches): _____
DTECH LABS**22876 SHAW RD** Please e-mail or fax this completed form to the DTECH RMA Coordinator Office: RMA@DTECHLABS.COM
STERLING, VA 20166Customer
Signature: _____

Dtech Labs Comments:

THIS SECTION TO BE FILLED OUT BY DTECH LABS RMA CORDINATOR

Warranty Expiration date: _____

- Warranty Valid
- Warranty Invalid or Expired

Authorized by: _____