

RETURN MERCHANDISE AUTHORIZATION (RMA)

VERSION 1.03



| CONTACT INFORMATION | |
|--------------------------------------|---------------------|
| COMPANY NAME _____ | DATE _____ |
| CONTACT NAME _____ | ACCOUNT # _____ |
| CONTACT EMAIL _____ | CONTACT PHONE _____ |
| CUSTOMER / PROJECT REFERENCE # _____ | TSD RMA # _____ |

| RETURN INFORMATION | | | |
|-------------------------------|--|--|---|
| RETURN METHOD (SELECT ONE) | <input type="checkbox"/> UPS / FedEx | <input type="checkbox"/> DEPOT EXPRESS | <input type="checkbox"/> WILL CALL |
| PRODUCT LOCATION (SELECT ONE) | <input type="checkbox"/> CUSTOMER LOCATION | <input type="checkbox"/> CURRENTLY INSTALLED | <input type="checkbox"/> RETURNED TO BRANCH _____ |

| PRODUCT 1: | | | |
|--------------------------------------|--|---|---|
| TSD ITEM # _____ | MFG ITEM # _____ | | |
| DATE OF PURCHASE _____ | INVOICE/SALES ORDER # _____ | QTY _____ | |
| SERIAL # _____ | | | |
| DATE CODE _____ | | | |
| MFG TECH TICKET # _____ | (OBTAINED BY CUSTOMER FROM MFG TECHNICAL SUPPORT) | | |
| RETURN REASON (SELECT ONE) | <input type="checkbox"/> FAILED IN THE FIELD | <input type="checkbox"/> REPAIR | <input type="checkbox"/> SHIPPING ERROR |
| | <input type="checkbox"/> ORDERED TOO MANY | <input type="checkbox"/> JOB CANCELLED | <input type="checkbox"/> ORDER ENTRY ERROR |
| | | | <input type="checkbox"/> DOA (BAD OUT OF THE BOX) |
| | | | <input type="checkbox"/> OTHER _____ |
| DESCRIPTION OF PROBLEM | _____ | | |
| | _____ | | |
| WAS ITEM PURCHASED AS PART OF A KIT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | KIT PART # _____ |
| ACTION REQUEST (SELECT ONE) | <input type="checkbox"/> NEW PRODUCT RETURN FOR CREDIT | <input type="checkbox"/> WARRANTY REPAIR | <input type="checkbox"/> NON-WARRANTY REPAIR |
| | <input type="checkbox"/> OVER-THE COUNTER EXCHANGE | <input type="checkbox"/> ADVANCED REPLACEMENT | <input type="checkbox"/> DEFECTIVE PRODUCT CREDIT |

THE SYSTEMS DEPOT OFFICE USE ONLY **SUBMIT COMPLETED FORM TO: CUSTOMERCARE@SDEPOT.COM OR FAX 828.267.5723**

| THE SYSTEMS DEPOT OFFICE USE ONLY | | AUTHORIZATION PROCESS | |
|------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> PRODUCT 1 | <input type="checkbox"/> PRODUCT 2 | TSD RMA # / SRMA # _____ | |
| <input type="checkbox"/> PRODUCT 3 | <input type="checkbox"/> PRODUCT 4 | <input type="checkbox"/> EMAILED TO CUSTOMER | <input type="checkbox"/> EMAILED TO SALES REP |
| PRODUCT ARRIVAL PROCESS | | NOTES: | |
| DATE RECEIVED _____ | _____ | | |
| DATE PROCESSED _____ | _____ | | |
| ORIGINAL INVOICE _____ | _____ | | |
| RETURN SALES ORDER _____ | _____ | | |
| SALES REP / BRANCH _____ | _____ | | |
| PROCESS COMPLETED BY _____ | _____ | | |
| VENDOR RMA PROCESS | | | |
| VENDOR NAME _____ | _____ | | |
| DATE REQUESTED _____ | _____ | | |
| DATE RECEIVED _____ | _____ | | |
| ORIGINAL PO# _____ | _____ | | |
| RETURN PO# _____ | _____ | | |
| VENDOR RMA # _____ | _____ | | |

ADDITIONAL PRODUCTS

CONTACT INFORMATION

COMPANY NAME _____ ACCOUNT # _____

PRODUCT 2:

TSD ITEM # _____ MFG ITEM # _____

DATE OF PURCHASE _____ INVOICE/SALES ORDER # _____ QTY _____

SERIAL # _____

DATE CODE _____

MFG TECH TICKET # _____ (OBTAINED BY CUSTOMER FROM MFG TECHNICAL SUPPORT)

RETURN REASON (SELECT ONE) FAILED IN THE FIELD REPAIR SHIPPING ERROR DOA (BAD OUT OF THE BOX)

ORDERED TOO MANY JOB CANCELLED ORDER ENTRY ERROR OTHER _____

DESCRIPTION OF PROBLEM _____

WAS ITEM PURCHASED AS PART OF A KIT? YES NO KIT PART # _____

ACTION REQUEST (SELECT ONE) NEW PRODUCT RETURN FOR CREDIT WARRANTY REPAIR NON-WARRANTY REPAIR

OVER-THE COUNTER EXCHANGE ADVANCED REPLACEMENT DEFECTIVE PRODUCT CREDIT

PRODUCT 3:

TSD ITEM # _____ MFG ITEM # _____

DATE OF PURCHASE _____ INVOICE/SALES ORDER # _____ QTY _____

SERIAL # _____

DATE CODE _____

MFG TECH TICKET # _____ (OBTAINED BY CUSTOMER FROM MFG TECHNICAL SUPPORT)

RETURN REASON (SELECT ONE) FAILED IN THE FIELD REPAIR SHIPPING ERROR DOA (BAD OUT OF THE BOX)

ORDERED TOO MANY JOB CANCELLED ORDER ENTRY ERROR OTHER _____

DESCRIPTION OF PROBLEM _____

WAS ITEM PURCHASED AS PART OF A KIT? YES NO KIT PART # _____

ACTION REQUEST (SELECT ONE) NEW PRODUCT RETURN FOR CREDIT WARRANTY REPAIR NON-WARRANTY REPAIR

OVER-THE COUNTER EXCHANGE ADVANCED REPLACEMENT DEFECTIVE PRODUCT CREDIT

PRODUCT 4:

TSD ITEM # _____ MFG ITEM # _____

DATE OF PURCHASE _____ INVOICE/SALES ORDER # _____ QTY _____

SERIAL # _____

DATE CODE _____

MFG TECH TICKET # _____ (OBTAINED BY CUSTOMER FROM MFG TECHNICAL SUPPORT)

RETURN REASON (SELECT ONE) FAILED IN THE FIELD REPAIR SHIPPING ERROR DOA (BAD OUT OF THE BOX)

ORDERED TOO MANY JOB CANCELLED ORDER ENTRY ERROR OTHER _____

DESCRIPTION OF PROBLEM _____

WAS ITEM PURCHASED AS PART OF A KIT? YES NO KIT PART # _____

ACTION REQUEST (SELECT ONE) NEW PRODUCT RETURN FOR CREDIT WARRANTY REPAIR NON-WARRANTY REPAIR

OVER-THE COUNTER EXCHANGE ADVANCED REPLACEMENT DEFECTIVE PRODUCT CREDIT