

Advueu Service Center

TEL: 888-622-5005 FAX: 626-602-1771
www.advueu.com / support@advueu.com

RMA REQUEST FORM

| CUSTOMER INFORMATION | |
|----------------------------------|---------------------------------|
| Company: | P.O./Inv#: |
| Contact: | Attn: RMA Department |
| Ship To Address: | Phone: |
| | FAX: |
| City: | E-mail: |
| State: Zip: | Date of Request: |

IMPORTANT NOTE:

1. A copy of your proof of purchase (dated purchase receipt) is required to initiate RMA process. Please fax this completed request form with your dated purchase receipt to 626-602-1771.
2. Any mismatch between the information provided in the form and the product actually returned to Advueu would invalidate the RMA# issued here. All returned products must have RMA #.
3. All RMAs are valid for 14-days.
4. Advueu RMA receiving hours are 9am – 4pm PST Mon. – Fri. Advueu reserves the right to reject any RMA deliveries after 4pm PST.
5. Advueu reserves the right to issue RMAs 24 hours after receiving this via fax or mail.
6. Please include all accessories (cables, software, adapters, manual, etc.) in original packaging.
7. All returned packages MUST be insured or certified.

TO BE COMPLETED BY CUSTOMER

| MODEL | SERIAL NUMBER (S/N) | REASON FOR RETURN |
|-------|---------------------|-------------------|
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| RMA# ISSUED BY | | DATE | |
|----------------|--|------|--|
|----------------|--|------|--|