

RETURN PRODUCT AUTHORIZATION REQUEST

RMA# _____

Return Address:
Wavecrest SIA Corporation
7915 Stone Creek Drive Suite 120
Chanhassen, MN 55317

Return to Avery Scheib
Fax: 952-831-4474
avery@wavecrestsia.com

CUSTOMER INFORMATION - ALL **BLUE** SHADED AREAS MUST BE COMPLETE TO RECEIVE RMA NUMBER.

Company Name: _____	
Bill to: _____	Ship to: _____
_____	_____
_____	_____
CUID: _____	Return Ship Carrier & Acct #: _____
Contact Name: _____	Phone: _____
E:Mail: _____	Fax: _____
Tech Contact: _____	Phone: _____
Nature of Return: <input type="checkbox"/> Calibration <input type="checkbox"/> Repair1 <input type="checkbox"/> HW Upgrade <input type="checkbox"/> FW Upgrade	
Current Software: _____	Requested Software: _____
1Failure Symptoms in Detail (this section MUST be completed to receive service): _____ _____ _____	
Device S/N: _____	Model: _____
<input type="checkbox"/> Estimate Required if exceeding \$ _____	
<input type="checkbox"/> Flat Rate Repair Requested, fee: \$ _____	
Please pack systems carefully in a Wavecrest Carton to protect them during shipping. Units not transported in a Wavecrest Carton will be billed \$99.95 for a new carton. *** Payment terms are Net 30 Days from date of Invoice. ***	

This section to be completed by Factory

Original Ship Date: _____	Accessories Incl: _____
Software Upgrade: _____	Warranty Status: _____
Received Date: _____	Wavecrest Box: _____
Purchase Order: _____	
Comments: _____	

By: _____

Date: _____