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## **RMA Request Form**

				Date: 1 1	
Company Name:			Name:		
Shipping Addres	SS:				
City:		State:	State: Zip:		
Phone Number:		Fax Num	Fax Number:		
E-mail:					
<b>_</b>					
			ate of Purchase:		
Model Number: Ser			erial Number:		
Problem Type:					
	otic Mechanism				
	ing Duplicating				
Othe	rs:				
Description of the	e Problem:				
	Terms a	nd Condition	S		
2. Please fax a c 3. Before reque 4. RMA number 5. All units retu	airs – Please ship the main unit only. (No accessories and copy of invoice and RMA request form to receive RMA nut sting for RMA, please review the Q&A in the owner's maning is only valid for 5 working days.  The for credit must be in a re-sellable condition and mus roid if original labels are missing or if products are physic	nber. ual. t have its original d	·	le for any item other then the main unit.	
<ol><li>Custom and</li></ol>	special orders are non-cancelable and non-returnable. s must be shipped freight prepaid, complete with its origin		rial. Goods without an	RMA number, and/or not prepaid, will be refused.	
If you have	e any questions, please call us at (732)	422-1868 or	send an e-mail	to support@acronova.com	
RMA Number:					