



RETURN MATERIAL AUTHORIZATION REQUEST FORM

RMA # _____

Name of Tech Contacted: _____ Date: _____

CUST ID: _____ Ship To: _____

Company Name: _____ Attn: _____

Requester: _____ Address: _____

Ordered From: _____

Tel: _____ Fax: _____ Required Return Date: _____

Product Return: List all parts you are returning to CTS. Please use a separate line for each item.

Table with 5 columns: Line, CTS Part number/description, Serial #, CTS S/A#, Order Date. Rows 01-04.

Form sections: Authorization #, PROBLEM/REASON FOR RMA, What technical fixes did CTS recommend?, Comments regarding Technical Support.

IMPORTANT INFORMATION – READ CAREFULLY

To expedite the RMA process, please fax the completed form to CTS @ 510-562-1330. Attn: Tech Support

WR – are free of charge and CTS will return the RMA via UPS Ground. Alternative shipping methods are at the request and expense of the customer.

NW – will incur charges of \$125 for diagnosis and first hour, and \$75 for each additional hour of labor or part thereof.

Refunds and/or Credits: Any merchandise returned and/or exchanged must be pre-approved by CTS management.

Restocking Fees: 25% - 30 days to months, 50% - 3 months to 6 months.

Restocking Fees will depend on date of purchase to date of received merchandise.

**PLEASE NOTE: IT MAY BE NECESSARY FOR CTS TO FORMAT THE RECORDING DIRECTORIES AS PART OF THE REPAIR PROCESS, RESULTING IN THE LOSS OF ANY PREVIOUSLY RECORDED VIDEO.

- YES, IT IS ACCEPTABLE TO FORMAT THE RECORDING DIRECTORIES.
NO, IT IS NOT ACCEPTABLE TO FORMAT THE RECORDING DIRECTORIES.

As a duly authorized agent of the company requesting a repair, I hereby acknowledge all terms and conditions to which CTS has stated for the RMA requested.

Authorized Signature

Date