



1336 West Winton Avenue
 Hayward, CA 94545
 Tel.: (800) 558-7888
 Fax: (510) 887-1688

Customer #: _____

RMA#: _____

Date: _____

RMA Request Form S-1

*****Note: Please Include a copy of Authorized RMA Form with items Returning*****

Complete this form and Fax it to our RMA Department (510) 887-1688. Our RMA Department staff will reply you by email or phone call within 48 hours after receiving your request.

It is your responsibility to call our RMA Department (800) 558-7888 if no response was received.

****** Note: All fields are REQUIRED to be completed! ******

Important RMA Procedures:

1. The RMA Request Form must be completed with **detailed problem** of the product provided.
2. All requests RMA must be accompanied by faxing the original purchase invoice.
3. All request **serial numbers** must match with the original invoice.
4. RMA number is valid for **10 days** from the date of issue. All return merchandises must be shipped **within 30 days** from the date of invoice.
5. **Please write the RMA number on the outside of your shipping box (on the address line).**
6. All damaged items due to installation errors such as but not limited to the following, short circuit (burn by using wrong power), physical damage by altering any part of the equipment, etc. can not be RMA.
7. Alarm CCTV Distribution, Inc. will not be responsible for any accessories returned. (Except for Credit, DOA, or Special items.)

** For more details of our RMA Procedures, please see the Terms and Conditions of Sales and RMA.

Qty.	Item Number	Full Serial Number	Invoice No. and Date	Detailed Problem

PLEASE REFER TO OUR WEBSITE www.alarmcctv.com ("What is Included" Section) TO VIEW LIST OF ALL COMPONENTS.

No RMA will be accepted for CREDIT or EXCHANGE TO NEW PRODUCT unless all components are included!

Please check all components **MISSING** from RMA shipment:

Original Packaging Manual Bracket Mount & Screws

All Others: _____

Special Request:

Company Name: _____ Customer #: _____

Address: _____

Tel.: _____ Fax: _____

Contact Signature: _____ Contact Name: _____
(Print)

FOR OFFICIAL RMA USE ONLY:

Request Received Date: _____ By: _____ Return / Credit Date: _____ Credit Invoice # _____