



SERVICE ADVANTAGE

RMA

SERVICE INFORMATION

RMA # : \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Account # \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Brand \_\_\_\_\_

Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Accessories \_\_\_\_\_

Please check all that applies:

Repeat Repair: \_\_\_\_\_ Service Contract \_\_\_\_\_ Warranty \_\_\_\_\_ Out of Warranty \_\_\_\_\_

Please include a copy of sales invoice for warranty repair

Purchase Order Number: \_\_\_\_\_ (Out of Warranty)

Repair Costs Approved to \_\_\_\_\_ (Out of Warranty)

Authorized Signature \_\_\_\_\_ (Out of Warranty)

**Detailed Description of the problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem Type:

Intermiten \_\_\_\_\_ General Maintenance \_\_\_\_\_ Over haul \_\_\_\_\_ Checkout \_\_\_\_\_

Completed By: \_\_\_\_\_

**Instructions**

- 1) Attach invoice copy.
- 2) Send this application fully completed along with your defective unit.
- 3) Return to: **Verite Distributors, Inc.**

**168 SE 1 st St. 300 - Miami, Fl 33131 USA**

**Voice (305) 579-0020 ext 00 - Fax (305) 579-0030**

**service@veritedistributors.com**

**www.veritedistributors.com**

Please send this form by fax or email before sending the unit for repair

Verite service will issue an RMA # to your unit, this # will be used for all inquiries request