# Everfocus Electronics Corporation

Request for Return Authorization

**Fax requests to 626-303-1895**

►**PLEASE COMPLETE ALL FIELDS TO EXPEDITE PROCESSING.**

►**WE WILL ISSUE RMA# WITHIN 24 HOURS AFTER RECEIPT OF COMPLETED FORM.**

►**PACKAGES WITHOUT RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED.**

| | | |
|---|---|---|
| Company Name: | | Date: |
| Contact: | | |
| **Ship to Address:** | | |
| City, State, Zip | | |
| Telephone: | | Fax: |
| **Model Number** | **Serial Number on unit/module** | **Description of problem** |
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**Request: REPAIR ( ) EXCHANGE ( )**

**Customer comments:** **Tech Support ticket # _____**

*****ALL CREDIT OR EXCHANGES MUST HAVE TECH SUPPORT TICKET NUMBER*****

►**ALL RETURN GOODS ARE SUBJECT TO VERIFICATION BY EVERFOCUS.**

***For EverFocus Office Use Only:***

***Exchange/Credit Approved by:***

**RMA Receiving Dept. Comments:**

**RMA #:**

**Please enclose a copy of this form in package & send all returns to:**

**EverFocus Electronics Corp.**
**1801 Highland Ave unit # B**
**Duarte, Ca 91010**