



REQUEST FOR RETURN AUTHORIZATION

COMPLETE THIS FORM AND EMAIL IT TO: RA@vitekctv.com

ONCE RECEIVED WE WILL THEN ISSUE AN RA# IN THE BOX BELOW AND EMAIL IT BACK TO YOU.

Date: _____

RA #:

OFFICE USE ONLY

Request is for:

- Non-Warranty Repair
 Warranty Replacement

- Warranty Repair
 Credit

| | |
|-----------------------|---------------------|
| Company Name: | Contact Person: |
| Street Address: | Ste #: |
| City/State: | Zip Code: |
| Phone Number: | Fax Number: |
| Vitek Account Number: | Vitek Sales Person: |

PLEASE COMPLETE THE FOLLOWING SECTION COMPLETELY!

ANY MISSING AND/OR INACCURATE INFORMATION COULD CAUSE DELAY IN ISSUING OF RA #.

| |
|--------------------------------------|
| Model Number: |
| Serial Number: |
| Date Purchased: |
| Invoice Number: |
| Detailed Description of the Problem: |
| Tech Support Case Number: |

Note: Your RA# must be on all returned cartons or your shipment will be refused. If any VITEK box is defaced (ie: writing, shipping labels) on credits for stock rotations there may be an additional 10% restocking fee to replace packaging.

| | | | |
|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| FOR OFFICE USE ONLY | | | |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Repair | <input type="checkbox"/> Return | <input type="checkbox"/> Replace |
| Authorization Signature: _____ | Date: _____ | | |
| Comments: _____ | | | |