

RETURN PRODUCT AUTHORIZATION REQUEST

RMA# _____

Wavecrest SIA
Return Address: 6595 Edenvale Blvd., Ste. 130
Eden Prairie, MN 55346

Return to Avery Scheib
Fax: 952-831-0030
ascheib@wavecrestsia.com

CUSTOMER INFORMATION - ALL BLUE SHADED AREAS MUST BE COMPLETE TO RECEIVE RMA NUMBER.

Co Name: _____	Ship to: _____
Bill to: _____	_____
_____	_____
CUID: _____	Return Ship Carrier & Acct #: _____
Contact Name: _____	Phone: _____
E:Mail: _____	Fax: _____
Tech Contact: _____	Phone: _____

Nature of Return: Calibration Repair¹ HW Upgrade FW Upgrade

Current Software: _____ **Requested Software:** _____

¹Failure Symptoms in Detail (this section MUST be completed to receive service):

Device S/N: _____ **Model:** _____

Estimate Required if exceeding \$ _____

Flat Rate Repair Requested, fee: \$ _____

**Please pack systems carefully in a Wavecrest Carton to protect them during shipping.
Units not transported in a Wavecrest Carton will be billed \$59.95 for a new carton.
*** Payment terms are Net 30 Days from date of Invoice. *****

This section to be completed by Factory

Original Ship Date: _____	Accessories Incl: _____
Software Upgrade: _____	Warranty Status: _____
Received Date: _____	Wavecrest Box: _____
Purchase Order: _____	

Comments:

By: _____ **Date:** 3/5/2009 3:49 PM