## GLOBAL ONE TECHNOLOGY GROUP RMA REQUEST FORM

Please complete this form and fax to 1-866-921-1032 or scan and e-mail to RMA@g1tech.net We will process RMA and e-mail instructions upon receipt and review of this form.

# 1 - Order Informatior	
Order #:	_
	Serial #: (required)
# 2 - Customer Informa	
Name:	
_	
Phone:	Fax:
Email:	
# 3 - RMA Information	
Reason:	PART(S) BECAME DEFECTIVE WITHIN WARRANTY PERIOD  Resolution: Request replacement part(s) per warranty terms Describe the issue:
	Cross-ship replacement?
	YES (must provide credit card authorization - see section #4) NO (replacement sent upon receipt of returned goods)
	WRONG PART ORDERED / INCOMPATIBILITY ISSUE  Resolution: Request refund (within 5 days of order receipt)  Note: This is subject to a 25% restocking fee
# 4 - Terms and Conditions	
1. If cross-ship i is charged.	s requested, the customer has 5 days to return defective merchandise before credit card
2. Returned goods	must include copy of RMA email and should indicate RMA number on the packaging.
3. A credit card a complete section #	uthorization is required for replacement merchandise to be cross-shipped. Please 5 below.
# 5 - Credit Card Authoriza	tion (for cross-ship of replacement part)
Card Number:	
Expiration Date:	Card Security Code:
Billing Address: (i	f different from above)