

## RMA FORM

(Return Merchandise Authorization)

### INSTRUCTIONS:

- All fields on both pages are required. Partially completed forms will be returned for more information.
- The **RMA Number** must be indicated on any paperwork and **visible on the outside** of the shipping box. In the event your unit is AOG clearly mark the out side of the shipping box "AOG" in multiple locations.
- **Log copies for installation and removal date are required for warranty consideration.**
- Please send unit to:

LAMAR TECHNOLOGIES  
14900 40<sup>th</sup> Ave. N.E.  
Marysville, WA 98271

- Warranty Consideration
- Test/Repair
- Calibration

Please E-mail completed form to: [admin@lamartech.com](mailto:admin@lamartech.com) to obtain your RMA#

RMA #  Flat Rate Repair Cost: \$

Company Name:				
Contact:	Phone No.:		Fax No.:	
Address:	City:		State/Zip:	
E-mail:	Total Time on Unit:		Failure or Removal Date:	
Unit Serial Number :	Install Date:		Unit Part Number:	
Aircraft Make:	Model:			
<b>Reason For Return:</b> (Please describe in detail any and all problems encountered with the unit)				

Notify Before Repair or Replace

Repair/Replace without notification

**Minimum testing fee of \$100.00 required for all non-warranty units or warranty units that have no fault found.  
(This fee is included in the flat rate cost when quoted for a repair)**

PLEASE CHECK THIS BOX TO ACKNOWLEDGE AGREEMENT TO PAY TEST FEE.

PO# for Repair:  If Beyond Economical Repair (please check one):  Scrap at Lamar  Return to me

### PAYMENT AUTHORIZATION (only required if unit is non-warranty)

Name (as it appears on the card):	Master Card or Visa Number:	Expire date:	Security Code:

Customer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Return Shipping Information

### INSTRUCTIONS:

- **ALL** fields are required, please be sure to complete the entire form to ensure proper shipment of product.

RETURN SHIPPING ADDRESS:				
Address:		City:		State/Zip:

Attention:	
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SHIPPING SCHEDULE: AOG and Urgent orders must ship via air					
<input type="checkbox"/>	AOG (24 hours) \$100.00 fee	<input type="checkbox"/>	Urgent (72 hours)	<input type="checkbox"/>	Standard (2 weeks)

PLEASE SHIP VIA:									
<input type="checkbox"/>	UPS	<input type="checkbox"/>	Next Day	<input type="checkbox"/>	2 Day	<input type="checkbox"/>	3 Day	<input type="checkbox"/>	Ground

<input type="checkbox"/>	FEDEX	<input type="checkbox"/>	Air	<input type="checkbox"/>	Saver	<input type="checkbox"/>	Ground
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OTHER (PLEASE SPECIFY):	
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ACCOUNT INFORMATION:	
Prepay & Charge to credit card listed on RMA form:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OR

Charge shipping to Account Number:
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Would you like your shipment insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Insure Value: \$
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Customer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_