

RMA FORM

(Return Merchandise Authorization)

INSTRUCTIONS:

- All fields on both pages are required, please be sure to complete the entire form. 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 40th Ave. N.E.
Marysville, WA 98271

Warranty Consideration

Test/Repair

Please E-mail completed form to: 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:	
Serial No.:		Install Date:		Part No.:	
Aircraft Make:		Model:		Engine:	
Reason For Return: (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):	Credit Card 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:	
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Attention:	
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SHIPPING SCHEDULE: AOG and Urgent orders must ship via air

<input type="checkbox"/>	AOG (24 hours) \$50.00 fee	<input type="checkbox"/>	Urgent (72 hours)	<input type="checkbox"/>	Standard (2 weeks)
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PLEASE SHIP VIA:

<input type="checkbox"/> UPS	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> Orange	<input type="checkbox"/> Ground
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<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
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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: _____