



REPAIR RETURN REQUEST FORM

BASIC INFORMATION

**\*\* Note: Entire form must be completed in order to process your Repair Return Request.**  
**Serial numbers must be given below before a Repair RMA number can be issued.**

RMA CONTACT PERSON		COMPANY		DATE
TELEPHONE #	FAX #	E-MAIL		

TECHNICAL CONTACT PERSON			
TELEPHONE #	FAX #	E-MAIL	

BILL TO ADDRESS (IF OUT OF WARRANTY)				SHIP TO ADDRESS			
COMPANY NAME		ADDRESS		COMPANY NAME		ADDRESS	
CITY	STATE	CITY	STATE	CITY	STATE	CITY	STATE
COUNTRY	ZIP CODE	COUNTRY	ZIP CODE	COUNTRY	ZIP CODE	COUNTRY	ZIP CODE
TAG				TAG			

RETURN ITEMS

	PART #	SERIAL # See Note 1	INVOICE #	INVOICE DATE
1				
2				
3				

- Did the product work properly when you received it?  Yes  No
- Operating System?
  - Windows 95  Windows 98  Windows NT 4.0  Windows 2000  Windows XP
  - DOS  Windows 3.1  Other \_\_\_\_\_
- Have any changes been made to the product, application, or operating system since last working?  Yes  No If yes, please specify.

Changes made to the product, application, or operating system since last working.

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- Any 3<sup>rd</sup> party hardware and/or software being utilized?  Yes  No If yes, please specify.

3<sup>rd</sup> party Hardware/Software utilized.

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- Is failure reproducible?  Yes  No Please describe failure messages, screens, etc below

Detailed Description of problem.

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- Quotation before repair  Warranty Repair  Non-Warranty Repair
- Cross Shipment Requested  
( Valid only within 30 days of original shipment and requires Advantech Management Approval )

Note 1 - Please provide BTOS serial number if entire system is being returned.