



Fax To: 1-972-234-4295

RMA # \_\_\_\_\_

RMA Request

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Qty	Model/Product/Part#	Description	Serial#	Invoice#	Invoice Date

What was your determination of the problem/Reason for return: \_\_\_\_\_

What you tried to rectify the problem: \_\_\_\_\_

Is there an attached printed test: \_\_\_\_\_

RMA Requested By \_\_\_\_\_ Date \_\_\_\_\_  
 Return for Repair/Replacement  Return for Credit

Authorized By: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*To help expedite your RMA as quickly as possible, Please provide us with all the necessary information by completely filling out the form. Please place RMA numbers on the shipping label ONLY, include the items authorized (listed above) for return ONLY. RMA numbers are only valid for thirty days from date of issue. \*\***

- Material returned must fall within the following conditions or it will be returned to the customer:**
- All products must be returned in the original manufacture cartons and over-boxed in another carton.**
- All cartons must be in good resale condition.**
- There must be no writing on any cartons.**
- There must not be any labels on cartons other than those necessary for shipment.**
- All returns must be complete, in new re-sellable condition, and include all system components.**
- All returns must be received freight prepaid.**
- All returns must be unused and in undamaged condition.**
- The return label must cover the original shipping label.**
- Unauthorized material returned will not be accepted.**
- Any amount over the quantity authorized will not be accepted.**

Please ship RMAs to:  
**VoxTechnologies Corp**  
**ATTN: RMA Dept (RMA # Your RMA Number)**  
**301 S Sherman**  
**Suite 117**  
**Richardson, TX 75081**