

RMA Request Form

Company: _____ Original Invoice #: _____ Original PO#: _____

Shipping Address: _____

City: _____ State: _____ Postal / Zip code: _____

Country: _____

Contact: _____ Ship 'Attention To': _____

Phone: _____ Fax: _____

Email: _____

Payment Method:

- Visa MasterCard
 Discover American Express
 COD (US only) Open Account (Net 30)

Return PO #: _____

Please Note:

Please provide payment information. Upon completion of troubleshooting, it may be determined that the repair charges will be the customer's responsibility. If this is determined to be the case, you will not be charged until we received authorization to do so. Please see RMA Policy for fee information.

Credit Card #: _____ CCV#: _____

Name on Card: _____

Phone # on Card*: _____ Exp. Date: _____

Credit Card Billing Address: _____

Billing address same as shipping address.

* Phone number of bank printed on back of credit card.

Qty: _____ Part #: _____ Serial / Job #: _____

Reason for Return: _____

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Parts being returned to the customer will be shipped via the same shipping method as they were received unless otherwise specified below.

Shipping Notes:

We do not ship via the US Postal Service.

Shipping Carrier:

- UPS FedEx* DHL*

* Customer account only.

Carrier Account #: _____

(Required for FedEx and DHL)

Shipping address is residential.

Shipping Method (Domestic - WITHIN the US):

- Overnight 2 Day 3 Day Ground (UPS only)

Shipping Method (International - NOT WITHIN the US):

- UPS: Express Expedited** Ground (Canada only)
FedEx*: Priority Economy**

DHL*: Express

* Customer account only.

** Not available in all areas.



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