

Customer Authorized Signature:

PH: 360-651-6666 FX: 360-651-6667 Web:<u>www.lamartech.com</u>

Date:

RMA REQUEST FORM

(Return Merchandise Authorization) INSTRUCTIONS: The RMA Number must be indicated on any paperwork and visible on the outside of the shipping box. Note: Please use mouse to fill in all indicated fields Please send item to: Warranty Consideration LAMAR **TECHNOLOGIES** Warranty Expired 14900 40th Ave. N.E. Overhaul/Repair Marysville, WA 98271 Please E-mail completed form to: admin@lamartech.com to obtain your RMA# RMA# * Asterisk indicates required fields Basic Information * Company Name *Contact Name *Date *Phone No: *E-mail *Fax No: *Address *City *State/Zip *Part Number IC#: *S/N: *Hrs on Unit: Aircraft Make: Alreraft Mode: Engine: Device: Purchased From: *Purchase Date: *Install Date: *Reason For Return: REQUESTED ACTION: Warning Please Read: Any non-disposition items left more than 10 working days after notification by phone or fax will be returned in evaluation (dismantled) condition to customer, freight collect without credit or warranty consideration. * Notify Before Repair or Replace * Repair/Replace without notification Parts Plus Labor at \$95/hr - 1 Hour minimum, not to exceed % of the new unit value or it will be declared Beyond Economical Repair (BER) PO# for Repair: Call me for Credit Card Info. New Unit Value \$: If BER return to me If BER, Scrap at Lamar