



RMA FORM

(RETURN/REPAIR MERCHANDISE AUTHORIZATION)

GVISION-USA, INC
20532 CRESCENT BAY, SUITE 104
LAKE FOREST, CA 92630
Tel: 949-586-3338 Fax: 949-203-6109, Alt: 949-586-3398

RMA Number (Gvision use)

PLEASE FAX COMPLETED FORM ALONG WITH RECEIPT OR PROOF OF PURCHASE. PRINT LEGIBLY USING DARK INK

COMPANY: _____	DATE: _____
YOUR NAME: _____	
PHONE: _____	FAX: _____
EMAIL ADDRESS: _____	
SHIPPING ADDRESS: _____	
CITY, STATE & ZIP: _____	

RETURNED ITEMS	MODEL NAME #1	MODEL NAME #2
QTY: _____	_____	_____
SERIAL NUMBER(S): _____	_____	_____
ORIGINAL INVOICE #s: _____	_____	_____
PURCHASE LOCATION: _____	_____	_____
PURCHASE DATE: _____	_____	_____
REASON FOR RETURN: _____	_____	_____
_____	_____	_____

- Procedures:**
1. Please complete this RMA form and fax it to 949-203-6109, 949-586-3398.
 2. Upon receipt of the RMA form, we will send a reply fax or email with an RMA number within 48 hours
 3. All products for return or repair must be pre-approved by GVision with an assigned RMA number. Any product without an RMA number will be rejected **The RMA Number must appear on the outside shipping box.**
 4. Ship your monitor to : **GVISION, Attn RMA #__, 20532 Crescent Bay Drive #104, Lake Forest CA 92630.**
 5. The shipper is responsible for proper packing of the returned item with materials suitable for glass. Placing the LCD monitor box inside a separate box before shipping is recommended.
 6. Any shipping damage caused by improper packing will be charged to the customer.
 7. All missing or damaged parts will be charged to the customer.
 8. Customer is responsible for payment of shipping fees to Gvision for repair. GVision will pay for return shipment.
 9. RMA # with a "CR" are returns for credit and "R" is for repair. Returns for credit must be approved by GVISION
 10. Out of warranty repairs cost \$45/monitor minimum, with any material costs exceeding this amount to be discussed after initial diagnosis. Payment information is required prior to assigning an RMA for an out of warranty monitor. Please complete the supplementary RMA Non-Warranty Repair Payment form.
 11. Communication request must be responded to within 30 days or the unit will be returned without repairs. We will attempt to contact you by email, fax, then phone over the duration of 30 days, for a total of two attempts using information provided.
 12. Please allow 10 business days to process your RMA on site with return shipment by UPS ground.

This Unit Is: () Under Warranty RMA () Warranty Expired RMA
() Evaluation Unit Return () Other: _____

I have read and understood the above procedures. The following is my printed name and signature.

Print Name

Signature