RMA Request Form

Apollo RMA #: _____

Fill out this form COMPLETELY. Read and agree to all below Terms and Conditons. Send to rma@apollodisplays.com

Date of Request: _____

Company Name: _____ **Customer #** _____

Contact Name: _____ **Telephone:** _____

Email Address: _____

MATERIAL Return Address (After Repair):

_____

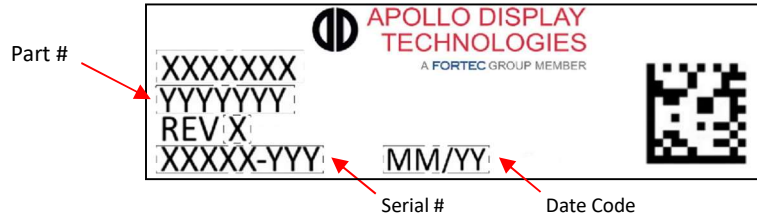(# and Street)   City   State   Zip Code

Terms and Conditions:

1. Any requests without required information may be rejected.
2. Cosmetic defects must be reported within 30 days of receipt of product.
3. Once your RMA is approved, you will receive an RMA authorization form via email with an RMA Number.
4. RMA Number will be valid for 30 days from the issue date. If products are not returned to Apollo within 30 days, the RMA may be closed.
5. The Customer pays for incoming shipments to Apollo. If under warranty, Apollo pays for return shipping.
6. All returned items that are out of warranty period, that are found to have no issues, have customer damage, or non-Apollo products are subject to a $95 evaluation fee plus return shipping costs.
7. All items must be packed sufficiently for safe transport and meet any ESD requirements. Panels larger then 26" must be palletized and returned upright to avoid stacking or the warranty will be voided.
8. The RMA Number must be CLEARLY displayed on the box/packaging for all returns. DO NOT put RMA# on product directly. Any packages without the RMA # marked on them will be rejected at incoming. Include the RMA Authorization form in your package.

I have read and agree to to all of the above terms and conditions. ☐

Failure Report

XXXXXXX
YYYYYYY
REV X
XXXX-YYY   MM/YY

APOLLO DISPLAY TECHNOLOGIES
A FORTEC GROUP MEMBER

Serial #   Date Code

* - Required field

---

*Apollo Part #: _____ **Description:** _____

*Serial #: _____ **Date Code:** _____ **Invoice:** _____ **Cust. PO#:** _____

Failure Detected At: Incoming Inspection ☐   Assembly / Production ☐   Field Return ☐

*Failure Description: _____

_____

---

*Apollo Part #: _____ **Description:** _____

*Serial #: _____ **Date Code:** _____ **Invoice:** _____ **Cust. PO#:** _____

Failure Detected At: Incoming Inspection ☐   Assembly / Production ☐   Field Return ☐

*Failure Description: _____

_____

---

*Apollo Part #: _____ **Description:** _____

*Serial #: _____ **Date Code:** _____ **Invoice:** _____ **Cust. PO#:** _____

Failure Detected At: Incoming Inspection ☐   Assembly / Production ☐   Field Return ☐

*Failure Description: _____

_____

---

*Apollo Part #: _____ **Description:** _____

*Serial #: _____ **Date Code:** _____ **Invoice:** _____ **Cust. PO#:** _____

Failure Detected At: Incoming Inspection ☐   Assembly / Production ☐   Field Return ☐

*Failure Description: _____

_____

---

*Apollo Part #: _____ **Description:** _____

*Serial #: _____ **Date Code:** _____ **Invoice:** _____ **Cust. PO#:** _____

Failure Detected At: Incoming Inspection ☐   Assembly / Production ☐   Field Return ☐

*Failure Description: _____

_____

If multiple items have the same failure, please attach a list of Serial Numbers involved.