

RMA Request Form

FORTEC US RMA #: _____

Fill out this form **COMPLETELY**. Read and agree to all below Terms and Conditions. Send to rma@fortec.us

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 FORTEC US within 30 days, the RMA may be closed.
5. The Customer pays for incoming shipments to FORTEC US. If under warranty, FORTEC US 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-FORTEC US 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 than 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

Part #

Date Code

Serial #

FORTEC

UNITED STATES

DI-80-066
<FORTEC REV>
CUST P/N: X-##
MM/YY-ZZ
SN:#####



** - Required field*

*FORTEC US Part #: _____	Description: _____		
*Serial #: _____	Date Code: _____	Invoice: _____	Cust. PO#: _____
*Failure Detected At: Incoming Inspection <input type="checkbox"/> Assembly / Production <input type="checkbox"/> Field Return <input type="checkbox"/>			
*Failure Description: _____			

*FORTEC US Part #: _____	Description: _____		
*Serial #: _____	Date Code: _____	Invoice: _____	Cust. PO#: _____
*Failure Detected At: Incoming Inspection <input type="checkbox"/> Assembly / Production <input type="checkbox"/> Field Return <input type="checkbox"/>			
*Failure Description: _____			

*FORTEC US Part #: _____	Description: _____		
*Serial #: _____	Date Code: _____	Invoice: _____	Cust. PO#: _____
*Failure Detected At: Incoming Inspection <input type="checkbox"/> Assembly / Production <input type="checkbox"/> Field Return <input type="checkbox"/>			
*Failure Description: _____			

*FORTEC US Part #: _____	Description: _____		
*Serial #: _____	Date Code: _____	Invoice: _____	Cust. PO#: _____
*Failure Detected At: Incoming Inspection <input type="checkbox"/> Assembly / Production <input type="checkbox"/> Field Return <input type="checkbox"/>			
*Failure Description: _____			

*FORTEC US Part #: _____	Description: _____		
*Serial #: _____	Date Code: _____	Invoice: _____	Cust. PO#: _____
*Failure Detected At: Incoming Inspection <input type="checkbox"/> Assembly / Production <input type="checkbox"/> Field Return <input type="checkbox"/>			
*Failure Description: _____			

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