Digital Technology, Inc.

Covington, LA 70435
Tel: (985) 809-1766 Fax: (985) 809-1665

RMA Request Form

R.M.A. Number:_____
Date RMA# Issued: _____
Issued by:_____

Instructions: Please fill in all customer information and FAX it back to D.T.I.   An RMA # will be issued to you. All returns must be authorized with an RMA #. Products received without an RMA# will be refused. Shipping address information will be given to you with the RMA#.

Once you receive our RMA # please include a copy of this sheet and our invoice with the returned product. Use the original shipping container and packaging and insure the shipment for the value of the product. Customer is responsible for return freight and insurance. DTI is not responsible for freight damage.   Put the RMA number on the shipping label outside the container. Please enclose a copy of our INVOICE and All ORIGINAL CONTENTS (manuals, software, cables, power supplies, etc. with product.

**THIS RMA IS VALID FOR 10 DAYS FROM THE DATE OF ISSUE.**

Customer Name: _____ **Contact:**_____ **Phone:** _____ **Fax:**_____

Address:_____**City**_____**State**_____**Zip** _____

Item	Product Part #	Qty	Product Serial #	Our Invoice #	Invoice Date	Reason for Return– use a second sheet if necessary

DTI Tech use only

Date In: _____**How shipped:** _____   **Original box?**_____   **Condition:** _____   **Date repaired:** _____   **Date Out:**_____

Comments:

Technician:_____ **Date:**_____