

# REPAIR REQUEST

## INSTRUCTIONS FOR RETURNING PRODUCTS TO PENTA CORP.

TO ENSURE ACCURATE AND TIMELY TURNAROUND ON REPAIR REQUESTS, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

- ? THE RMA NUMBER MUST APPEAR ON THE OUTSIDE OF THE CARTON(S) IN BOLD PRINT
- ? ELECTRONIC BOARDS AND PARTS MUST BE INDIVIDUALLY SEALED IN STATIC SHIELD BAGS AND BUBBLE-WRAPPED, OR INDIVIDUALLY WRAPPED IN STATIC SHIELD FOAM
- ? EACH ATTACHED MODULE MUST BE LISTED SEPARATELY
- ? THERE IS A ONE HOUR MINIMUM DIAGNOSTIC FEE PER ITEM

**ALL ITEMS MUST BE SHIPPED IN ORIGINAL PACKAGING OR MIN. \$75 REPACKING FEE WILL APPLY**

<i>To be completed by Penta</i> RMA #: _____ DATE: _____	<i>Please return repairs to</i> PENTA CORPORATION ATTN: REPAIR DEPARTMENT 325 EDWARDS AVENUE NEW ORLEANS, LA 70123
<b>CONTACT REGARDING REPAIR:</b> NAME: _____ PHONE #: _____ E-MAIL: _____ FAX #: _____	<b>RETURN SHIPPING ADDRESS:</b> COMPANY: _____ CUSTOMER: _____ ADDRESS: _____ CITY/STATE: _____ ZIP: _____

ITEM	PRODUCT	MODEL #	SERIAL #	PROBLEMS:	UNDER WARRANTY?
1.					YES <input type="checkbox"/> NO <input type="checkbox"/>
2.					YES <input type="checkbox"/> NO <input type="checkbox"/>
3.					YES <input type="checkbox"/> NO <input type="checkbox"/>
4.					YES <input type="checkbox"/> NO <input type="checkbox"/>
5.					YES <input type="checkbox"/> NO <input type="checkbox"/>
6.					YES <input type="checkbox"/> NO <input type="checkbox"/>