



RMA REQUEST

High Power RF Amplifiers and Accessories

CUSTOMER TO COMPLETE

Instructions:

Please complete this RMA form. Items marked with an asterisk (**) are required. Incomplete forms will be returned to the customer. This form may be printed and faxed (1.775.335.8239).

Upon receiving your RMA request, Delta RF Technology will review and issue an RMA. The RMA number must be attached to any correspondence. RMA number must be prominently displayed on the outside of shipping container / box. Any packages submitted to Delta RF without RMA number prominently displayed on the outside of box will be refused. Please note - Delta RF may not issue an RMA for full requested quantity. Should customer choose to send additional units not covered on Delta RF's RMA acknowledgement, customer does so at its own risk.

Please pack amplifiers to protect from damage - any shipment damage will be repaired solely at customer's expense. Return shipping charges are customer's responsibility. For warranty repairs, Delta RF will return ship using ground or economy service. Expedited shipping charges are customer's responsibility.

Delta RF will verify warranty coverage at no charge. Prior to repairing any non-warranty items, customer must acknowledge repair charges and issue purchase order for repair charges in order for work to commence. For COD customers, any repairs unpaid for after 30 days will become the property of Delta RF Technology. Non warranty repairs are charged at current shop rate. Pallet repairs are 1/2 hour minimum labor charge. Silicon Valley Amplifiers are charged 2 hours minimum repair. Silicon Valley Module repairs are flat rate (300W, 500W, 700W modules).

By signing below, customer acknowledges these terms and conditions, as well as the standard terms and conditions of sale for Delta RF Technology, Inc.

PLEASE SIGN HERE

*Signature:

Requestor Information

- *Company Name: _____
- *Requesting Individual: _____
- Requestor's Email: _____
- *Requestor's Phone: _____
- *Requestor's Address: _____
- *Preferred method of contact: _____
- *Best time to contact: _____

Billing Contact Information:

- *Company Name: _____
- *Contact Name _____
- Email: _____
- *Phone: _____
- *Fax: _____
- *Address: _____
- *Preferred method of contact: _____

Shipping Information:

- *Company Name: _____
- Contact Name _____
- *Address: _____
- Address: _____
- *Preferred Carrier: _____
- Carrier account number: _____

web <http://www.drft.com> • email : sales@drft.com • 1.775.DELTA RF • FAX 1.775.DELTA FX

Delta RF Technology, Inc. • 4855 Joule St Suite B1 • Reno • NV • 89502 • U S A

The specifications contained herein are subject to change without notice. Delta RF Technology, Inc. assumes no liability for the use of this information.

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RMA REQUEST

High Power RF Amplifiers and Accessories

Part Information:

*Part Number: _____

*Serial Number: _____ Date Code / Lot Code (If Known): _____

*Problem: _____

*Warranty Coverage Requested?

Part Number: _____

Serial Number: _____ Date Code / Lot Code (If Known): _____

Problem: _____

Warranty Coverage Requested?

Part Number: _____

Serial Number: _____ Date Code / Lot Code (If Known): _____

Problem: _____

Warranty Coverage Requested?

Part Number: _____

Serial Number: _____ Date Code / Lot Code (If Known): _____

Problem: _____

Warranty Coverage Requested?

Part Number: _____

Serial Number: _____ Date Code / Lot Code (If Known): _____

Problem: _____

Warranty Coverage Requested?

Part Number: _____

Serial Number: _____ Date Code / Lot Code (If Known): _____

Problem: _____

Warranty Coverage Requested?

***DID YOU REMEMBER TO SIGN THE
FIRST PAGE OF THE RMA FORM?***

Incomplete or unsigned forms will not be processed.