



ATRIX INC.

4802 LITTLE JOHN STREET. UNIT# C
BALDWIN PARK, CA 91706

Tel:(626) 813-1988 Fax: (626) 813-2088

RMA EMAIL ADDRESS: RMA@ATRIXCCTV.COM

RMA REQUEST FORM

Company:						RMA#		
Address:						Issue Date:		
City		State:		Zip Code:		Contact:		
Tele:				Fax:			DOA:	
							RMA:	

Qty.	Item Code Or Product Description	Serial No.	Invoice No.	Inv. Date	Problem Description

RMA Policies:

1. RMA number should be printed on the shipping label and outside of the shipping box. Package without an RMA Number will be refused.
2. RMA return must include a packing list (using our RMA Request Form is preferred).
3. All RMA numbers will automatically be voided if return item(s) is not received within **14** days from the issue date.
4. **DOA** is **7** days from the date of purchase.
5. **Customer is responsible for any damages or loss of goods during shipment. Please insure the package.**
6. All items must be returned in their original packaging, including manuals, software, cables, and etc. Otherwise charges will be applied.
7. When filling out the RMA request form, all necessary information must be provided. Otherwise the process of issuing RMA number will be delayed.
8. Products with physical damages, warranty period is void.
9. All open RMA's are considered closed if not settled within 6 months from the issue date of the RMA number.

*** Failure to comply with the above policies, the returned items may be serviced or refused at our discretion.

Signature: _____

Date: _____

Name Printed _____