

RMA FORM

(FOR DISTRIBUTORS ONLY)

F-870-003-D



| RMA Number (Gvision use) |
|--------------------------|
| |

| RMA Issue Date (Gvision use) |
|------------------------------|
| |

| | |
|-----------------------|-----------------------|
| REQUEST DATE: _____ | CONTACT NUMBER: _____ |
| COMPANY NAME: _____ | CONTACT EMAIL: _____ |
| CONTACT PERSON: _____ | |

| RETURNED ITEMS | MODEL #1 | MODEL #2 |
|-------------------|----------|----------|
| ITEM NUMBER: | _____ | _____ |
| QTY: | _____ | _____ |
| SERIAL NUMBER(S): | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

| RETURNED ITEMS | MODEL #3 | MODEL #4 |
|-------------------|----------|----------|
| ITEM NUMBER: | _____ | _____ |
| QTY: | _____ | _____ |
| SERIAL NUMBER(S): | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

| RETURNED ITEMS | MODEL #5 | MODEL #6 |
|-------------------|----------|----------|
| ITEM NUMBER: | _____ | _____ |
| QTY: | _____ | _____ |
| SERIAL NUMBER(S): | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

| RETURNED ITEMS | MODEL #7 | MODEL #8 |
|-------------------|----------|----------|
| ITEM NUMBER: | _____ | _____ |
| QTY: | _____ | _____ |
| SERIAL NUMBER(S): | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

RETURN TYPE: Repair/Replacement Credit

RETURN SHIPPING METHOD: Carrier: _____ Acct: _____ Prepay & Add

- RMA PROCEDURES**
1. Complete this RMA form.
 2. Submit to **Gvision-USA** RMA Department for a valid RMA number.
 3. Make sure the return item meets **RMA Policy** requirements.
 4. Make sure the return shipment with proper packing material to ensure a safe return.
 5. Ship back to: **Gvision-USA, Inc**
 ATTN: RMA Department, [RMA CASE #]
 30398 Esperanza, Rancho Santa Margarita, CA 92688
 6. Any question, please contact RMA Department: Toll Free: 1-888-651-9688 (ext. 106) / Email: rma@gvision-usa.com

I agree to **Gvision-USA** RETURN POLICY (GVI-001) by printed & sign this form

Print Name

Signature