

Return Material Authorization

Geomation Inc
 14828 West 6th Avenue, Suite 1-B
 Golden CO 80401
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Today's Date:

RMA Number:

1. Customer, what is the Project Name? _____

2. Should this RMA be covered under Warranty? Yes No

3. Customer, what is the Bill to and Ship to address? Ship to same as bill to

Bill to: _____ Ship to: _____

Phone/Fax _____ Phone/Fax _____

4. Customer, please identify the items to be returned:

Model Number	Serial Number	Description of Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Customer, please provide Geomation with a Purchase Order or Visa/Master card number in the case the repair is out of warranty:

Note: Out of warranty repair cannot begin until Geomation has a valid Purchase Order Number or Credit card to bill against!

Credit Card Number: _____ Expires: _____

Name as it appears on the card: _____

PO Number: _____ Authorized Approval _____

Factory Use Only - Estimated cost to repair:		
Service / Part / Assembly / Module	Cost	Under Warranty?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total	_____	