

RMA Request Form

Do not ship until you have received an RMA number.

Form #F300 – Rev D

270 Technology Way
Rocklin, CA 95765

Ph. 916.626.0101
Fx. 916.626.0102

galil@galilmc.com



Today's date:		<input type="checkbox"/> Expedite (\$100 charge applies)			
SHIPPING INFORMATION					
Attn:		Company Name		Phone Number	
Street address			Fax Number		
City		State		ZIP Code	
E-mail Address					
For faster return shipments than what our standard service provides, please include your shipping account information below:					
Shipping Account Number and Shipment Method:					
BILLING INFORMATION					
<input type="checkbox"/> Same as address as above, skip this section					
Attn:		Company Name		Phone Number	
Street address			Fax Number		
City		State		ZIP Code	
E-mail Address					
PAYMENT INFORMATION					
You can provide payment information here or over the phone. CREDIT CARD INFORMATION NOT REQUIRED FOR N30					
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Name on Card		Credit Card Number	Expiration Date	CVN Number
CUSTOMER TECHNICAL CONTACT					
Required for follow up questions, if unit tests OK and this information is not given, Galil will automatically charge payment and ship the unit back.					
Name			Position		
E-mail Address			Phone Number		

ITEMS FOR RMA

Galil Part Number		PO Number <input type="checkbox"/> Same PO for all	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests <input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests <input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	
Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
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Galil Part Number		PO Number	Reason for RMA (Be thorough, attach an extra sheet as necessary)
Serial Number	Customer Part #*	Special Requests <input type="checkbox"/> Do not upgrade firmware <input type="checkbox"/> Do not master reset controller <input type="checkbox"/> Include Test Reports	

***Customer Part #:** Optional field for your convenience. This is your company's reference number to our product. Not all customers have an independent part number.

- Contact an Applications Engineer at 1.800.377.6329 to ensure that your unit requires repair.
- Write the issue in as much detail as possible under the "Reason for RMA" section.

ADDITIONAL REQUESTS/COMMENTS

Please e-mail your form to Internal Sales at ShailaS@galilmc.com.
If fax is your only option, please contact Internal Sales at 916.626.0101 to ensure that your fax has been received.