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# RMA REQUEST FORM

Legacy RMA Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Legacy Sales Representative: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Type of Return Request:  Standard RMA  FA

- RMA will not be processed without prior written authorization and the issuance of a Legacy Electronics RMA number.
- Legacy RMA number MUST be on the outside of the package!
- Legacy Electronics will respond to RMA requests within 24 hours of notification.
- RMA numbers are void after 30 days from issuance.
- **International Shipments:** For Custom Purposes, the Harmonize Code **8542.21.8029** must be posted outside of the box
- Legacy Electronics' warranty is null and void upon removal of Legacy Stickers.
- Parts may be subject to a 15% restocking charge.
- All unauthorized RMA parts will be returned to customer at customer's expense.
- Parts must be returned with reasonable care and packaging.
- All Non-Legacy stickers must be removed.

## Customer Contact Information

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

## Part Number and Order Information

	Legacy Part Number	QTY	Invoice / PO	Date Shipped	REASON FOR RETURN		
					Boot Failure	Wrong Product	Other
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fill out the following information as complete as possible.

### Nature of the Failure

1. Is this the first return requested on this product? Yes  No
2. Is the customer's production process affected (e.g. is the assembly line down)? Yes  No
3. Where did the device fail? Receiving  Field  Production  Qualification
4. Were there any changes to the customer's process or test methods? Yes  No

- If Yes, describe: \_\_\_\_\_

5. Describe the system used at the customer's site: \_\_\_\_\_

6. Describe reported problem in detail: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THIS FORM TO THE RETURNED PACKAGE**