

REPAIR REQUEST

INSTRUCTIONS FOR RETURNING PRODUCTS TO PENTA CORP.

TO ENSURE ACCURATE AND TIMELY TURNAROUND ON REPAIR REQUESTS, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

- ? THE RMA NUMBER MUST APPEAR ON THE OUTSIDE OF THE CARTON(S) IN BOLD PRINT
- ? ELECTRONIC BOARDS AND PARTS MUST BE INDIVIDUALLY SEALED IN STATIC SHIELD BAGS AND BUBBLE-WRAPPED, OR INDIVIDUALLY WRAPPED IN STATIC SHIELD FOAM
- ? EACH ATTACHED MODULE MUST BE LISTED SEPARATELY
- ? THERE IS A ONE HOUR MINIMUM DIAGNOSTIC FEE PER ITEM

ALL ITEMS MUST BE SHIPPED IN ORIGINAL PACKAGING OR MIN. \$75 REPACKING FEE WILL APPLY

<p><i>To be completed by Penta</i></p> <p>RMA #: _____</p> <p>DATE: _____</p>	<p><i>Please return repairs to</i></p> <p>PENTA CORPORATION ATTN: REPAIR DEPARTMENT 325 EDWARDS AVENUE NEW ORLEANS, LA 70123</p>
<p>CONTACT REGARDING REPAIR:</p> <p>NAME: _____</p> <p>PHONE #: _____</p> <p>E-MAIL: _____</p> <p>FAX #: _____</p>	<p>RETURN SHIPPING ADDRESS:</p> <p>COMPANY: _____</p> <p>CUSTOMER: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE: _____</p> <p>ZIP: _____</p>

ITEM	PRODUCT	MODEL #	SERIAL #	PROBLEMS:	UNDER WARRANTY?
1.					YES NO <input type="checkbox"/> <input type="checkbox"/>
2.					YES NO <input type="checkbox"/> <input type="checkbox"/>
3.					YES NO <input type="checkbox"/> <input type="checkbox"/>
4.					YES NO <input type="checkbox"/> <input type="checkbox"/>
5.					YES NO <input type="checkbox"/> <input type="checkbox"/>
6.					YES NO <input type="checkbox"/> <input type="checkbox"/>