



# REQUEST FOR RETURN AUTHORIZATION

COMPLETE THIS FORM AND EMAIL IT TO: RA@vitekctv.com

ONCE RECEIVED WE WILL THEN ISSUE AN RA# IN THE BOX BELOW AND EMAIL IT BACK TO YOU.

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

**OFFICE USE ONLY**

**RA #:** \_\_\_\_\_

Request is for:       Non-Warranty Repair       Warranty Repair  
                          Warranty Replacement       Credit

Company Name:	Contact Person:
Street Address:	Ste #:
City/State:	Zip Code:
Phone Number:	Fax Number:
Vitek Account Number:	Vitek Sales Person:

\*\*\*PLEASE COMPLETE THE FOLLOWING SECTION COMPLETELY!\*\*\*

ANY MISSING AND/OR INACCURATE INFORMATION COULD CAUSE DELAY IN ISSUING OF RA #.

Model Number:
Serial Number:
Date Purchased:
Invoice Number:
Detailed Description of the Problem:
Tech Support Case Number:

Note: Your RA# must be on all returned cartons or your shipment will be refused. If any VITEK box is defaced (ie: writing, shipping labels) on credits for stock rotations there may be an additional 10% restocking fee to replace packaging.

<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> Credit	<input type="checkbox"/> Repair	<input type="checkbox"/> Return	<input type="checkbox"/> Replace
Authorization Signature: _____		Date: _____	
Comments: _____			