SatellitePhoneStore.com

11 May 2009

RETURNED MATERIAL AUTHORIZATION FORM (RMA)-Repair/Maintenance

Customer Information:

Customer Name: _____ **Company Name:** _____

Return Address: _____

City: _____ **State and Zip code:** _____

Phone: _____ **Shipping Method / Account #:** _____

RMA Information:

RMA#: _____ **Date of RMA:** _____ **Agents Name:** _____

Equipment Information:

Model Type: _____

Manufacturer Imei #: _____ **Internal S/N#:** _____

Problem Description: _____

☐ Sending in for Exchange or Credit ☐ Sending in for Repair or Maintenance

☐ In Warranty ☐ Out of Warranty**

Warranty Determination:

**Minimum of $130.00 evaluation fee plus shipping cost to and from repair center will be applied per item that is out of warranty. **An additional quote will be provided to customer once repair center has made an assessment of needed repair(s).

This form authorizes agent to evaluate all parts noted on this sheet as being defective and it is his/her duty to make sure the part(s) are accounted for, defective or not, when replacement is complete. The customer needs to put the RMA# on the outside of any package shipped back to SPS.
For any item NOT under warranty, the customer is responsible for costs for any repair work that may need to be performed. For equipment being reflashed the customer agrees that SPS and/or Iridium are not held responsible for failure of the equipment due to the reflash process; as there is a possibility that the equipment could become inoperable due to software corruption resulting from the reflash process.

Please provide credit card information to cover the costs of any work done as well as shipping costs back to the customer. If you already have a shipping account that you would like us to use, please provide that information under Return shipping method/ Account #.

_____ _____

Customer Signature (Authorizing Repair) Date

Payment Information (Only Required for Out of Warranty Repairs)

Name on Card: _____ **Credit Card Type:** _____

Billing Address: _____

Card Number: _____ **Exp Date:** _____ **Security Code:** _____

_____

Customer Signature (Authorizing charges) Date

Satellite Phone Store
Service and Repair Department
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