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| Omnilink_NXsol_Large (1).jpg | | | **RMA Request** | | |
| *Office Use Only* | | |
| RMA Number from Omnilink: | | |
| Date: Click here to enter a date. | | | New Sales Order Number:  GP Account #: | | |
| Company Name: | | | Shipping Method for Replacement Items:  Select One: | | |
| FocalPoint ID: | | | Contractual Shipping Rates Will Apply | | |
| Shipping Address: | | |  | | |
| City, State, Zip:  RMA Requested By: | | | All items Returned Are:  Email Address For Label: dana@americancorrections.com | | |
| **Qty** | | **Item Description** | **Serial Number** | | **Replacement (Y/N)** | **Reason Code** | |
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| **Comments:**  **Please make sure that all devices are unassigned from the last offender before returning equipment.**  ***Please enter all information on this form to prevent delay and ensure correct processing of the RMA.*** | | | | | | | |
| When returning devices for inventory reduction, please include the backplate, strap, and charger. | | | | | | | |
| **RMA Process**  Fulfillment staff will approve RMA and process a FedEx label and for delivery to the customer within 24 hours after RMA approval, M-F, excluding holidays. If replacements are requested for leased equipment, a replacement sales order will auto generate upon approval of the RMA, purchased equipment upon receipt of equipment. | | | | | | | |
| Save this order form to your computer for your records. E-Mail the completed form to: [dana@amerciancorrections.com](mailto:dana@amerciancorrections.com) | | | | | | | |