



Request for Return Material Authorization (RMA)

Complete & fax to **651.888.7916 Attn: CSR**
 Once the completed form is received by Trinity3 Technology, an RMA #, along with shipping instructions & an RMA pack list will be sent to you.

Company Name: _____
 Address: _____
 Contact Person: _____
 Contact Email: _____
 Phone Number: _____
 Fax Number: _____

<p>This Area to be completed by Trinity3 Technology:</p>	
RMA Number:	_____
Date Issued:	_____
By:	_____
<p>Shipping instructions:</p>	
FEDEX	
Account #	_____
UPS	
Account #	_____
<p>Insurance:</p>	
Please reference the following on the package & airbill:	

Qty	Part Number	Description	Serial #	Invoice/PO#

Problem description: _____

Is this a possible shipping issue or non-working part? _____

Is there evidence of internal or external package damage? _____

If so, was carrier (Trinity3 or customer arranged) notified? _____

For freight claims, please preserve packing materials and submit photos ASAP to the appropriate logistics coordinator.

Item is being returned to Trinity3 Technology for:

REPLACEMENT _____
 REPAIR _____
 CREDIT _____

RMA Guidelines:

1. RMA number must be clearly marked outside of box & a copy of RMA must be with returned equipment.
2. RMA number is valid for 10 days, after 10 days the RMA# will be canceled.
3. If Trinity3 Technology ships replacement part under this agreement and the customer fails to return part within 10 days the customer will pay the market value of the part.

The undersigned customer has read and agrees to Trinity3 Technology's RMA Terms.

Signature: _____ **Date:** _____

Please email tracking # when available to sales@trinity3.com