



GENESIS GLOBAL INC. RMA REQUEST FORM

Phone: 916-415-9900, Fax: 916-415-0110

NOTE: ALL FIELDS MUST BE FILLED OUT TO EVALUATE YOUR RMA. INCOMPLETE FORMS WILL NOT BE ACCEPTED. UNITS RETURNED WITHOUT A VALID RMA # WILL BE REFUSED & RETURNED. IF APPROVED, AN RMA # WILL BE ISSUED BY YOUR ACCOUNT MANAGER.

COMPANY:	YOUR PHONE:
CONTACT NAME:	YOUR FAX:
REQUEST DATE:	YOUR EMAIL:
ORIGINAL PURCHASE ORDER #:	Genesis Global Invoice#

PART#	QTY	SERIAL #	REASON FOR RETURN (pls. specify)

QUESTIONS FOR RETURN: (ALL MUST BE FILLED OUT TO EVALUATE RMA):

1. Have you upgraded the IOS? _____
2. Have you put different memory in the unit? _____
3. Have you changed the configuration? _____
4. Have you upgraded the unit in any way? _____
5. What was your original purchase date? _____
6. Are you getting an error message? _____
7. What is the error message? _____
8. Please include a printout of the error message (and diagnostics) and include this with your faxed, completed RMA Request Form to: 916-415-0110.

Once you have faxed your completed RMA Request Form to Genesis Global, your RMA will be evaluated by your Account Manager and the General Manager. You may then be issued an RMA #. Please write "RMA# XXXX" on the box (with your issued RMA#). Once you have a valid RMA#, ship the unit back to Genesis Global.

Thank you for your cooperation.

Genesis Global