



DELTA "T" SYSTEMS, INC.

858 WEST 13TH COURT
RIVIERA BEACH, FLORIDA 33404 U.S.A.
TEL: 561-848-1311 — FAX: 561-848-1611
www.deltatsystems.com

RETURN MATERIAL AUTHORIZATION (RMA) REQUEST FORM

- 1) Fill out this form completely and include a copy with the returned part(s). Keep a copy for your reference.
- 2) This RMA number is valid for 30 days from the date of issuance.
- 3) It is important that you include the RMA number on both the outside and inside of the package.
- 4) RMA returns are to be sent freight prepaid. All transportation charges related to the returned material are the customer's responsibility. If the item returned is damaged or lost in shipment, the customer must submit the claim against the carrier. This is in accordance with ICC regulations.
- 5) Carefully package and your return to: Delta T Systems, Inc. 863 W. 13th Court, Riviera Beach, FL 33404

TO RETURN NEW, UNUSED PARTS:

New merchandise returned for credit must be in unused condition, and in its original factory packaging with all of the appropriate documentation.

DTSI Receiving will inspect the merchandise to verify new condition. Denial for credit or a re-stocking fee may apply if item or original packaging is not returned in the same condition it was sent.

Custom built products or special order items are not returnable.

TO RETURN PARTS COVERED UNDER WARRANTY:

Items determined to be covered by warranty will be repaired or replaced per the DTSI warranty policy.

Replacement parts will be shipped and billed to your credit card or account.

Once DTSI receives the returned merchandise, verification by one of our technicians will be made regarding the reason for return. If it is determined to be a defective part, a credit to your credit card or account will be made accordingly. Products determined to be new and unused will be eligible for refund, excluding any applicable shipping & handling charges.

RMA #:

ISSUED BY:

DATE:

Company Name:

Contact Person:

Address:

City:

State:

Zip:

Telephone #:

Ext:

Fax #:

Email address:

PART NUMBER	SERIAL #	PO or INVOICE #	CONDITION OF PART	REASON FOR RETURN
			<input type="checkbox"/> New <input type="checkbox"/> Previously Installed <input type="checkbox"/> Defective	
			<input type="checkbox"/> New <input type="checkbox"/> Previously Installed <input type="checkbox"/> Defective	
			<input type="checkbox"/> New <input type="checkbox"/> Previously Installed <input type="checkbox"/> Defective	
			<input type="checkbox"/> New <input type="checkbox"/> Previously Installed <input type="checkbox"/> Defective	