

RETURN MATERIAL AUTHORIZATION FORM

RMA#	DATE:	
		ber must accompany all returns and repairs. 970)667-1000 option (3) for your RMA number.
Return my equipment to m	e at:	
Name:		
Organization:		
Street Address:		
City:	State: Zip	
My daytime phone number	including area code is:	My email address is:
I am returning the followin	g part(s) for repair:	
QUANTITY ITEM	PROBL	EM
Attention: Please return the operation.	e corresponding power suj	pply for each unit being repaired so that it may be checked for proper output
I would like my repair retu	rned to me by (date):	
(ASAP is not specific enou	igh)
I would like expedited serv	rice \$100.00 (6 - 10 b	susiness days)\$200.00 (1 – 5 business days)
		nostic charge will apply to all returns. Please allow 7 to 14 days repair processing sing. Second day or overnight shipping is available at an additional charge.
VISA MC AMEX	DISCOVER (Circle one))
#	Exp.	Date CVV Code:
*Include the name on the c	redit card if different than	billing
Check enclosed for \$	Purchase Order Enclos	sedReturn to me COD Contact me with Repair Charges
When your repair is returned	ed to you, please open and	inspect immediately. We provide a 90-day warranty on all repairs.
Name: Colorado Attn: Cus		RETURN THIS FORM WITH YOUR EQUIPMENT TO:
		Colorado Time Systems Attn: Customer Service 1551 East 11 th Street
Organization:		Loveland, CO 80537
Street Address:		PLEASE INCLUDE RMA# ON BOX
City: State: _	Zip:	All new items being returned for credit must be in the original packaging, unmarked and undamaged. All manuals, cables, and accessories must be returned with this form and RMA number. A 25% restocking fee will be charged when credit is given on returned items.

Additional information or comments: