

# Return Material Authorization (RMA) Form



Email form to: [tech@univiewsales.com](mailto:tech@univiewsales.com)  
 Fax form to: 972-459-8613  
 Attention: RMA Request  
 Phone: 888-288-7644 x 4  
[www.univiewtechnology.com](http://www.univiewtechnology.com)

**RMA Steps: 1. Fill out this form completely 2. Provide the original PO number/s for returned good(s) 3. Email or fax per above**

<b>For Office Use Only</b>	<b>Company Name:</b>
	<b>Account Number:</b>
<b>RMA Number:</b>	<b>Return Ship To Address:</b>
<b>Date RMA Issued:</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>Processed By:</b>	<b>Requested By:</b>
<b>Item Returned:</b> Yes / No	<b>Email:</b>
<b>Date Received:</b>	<b>Phone:</b> _____ <b>Fax:</b> _____

Note all items returned will for credit be evaluated as per the Product Warranty Policy.

Quantity	Model Number	PO Number	Serial Number	Reason Code	Credit or Repair?

Return Reason Codes	Comments: Reported Problem / Special Instructions
Record appropriate number in the "Reason Code" column above.  1. Incorrect quantity received 2. Incorrect merchandise received 3. Product defective 4. Duplicate order 5. Customer not satisfied 6. Incorrect item ordered 7. Incorrect quantity ordered 8. OTC Exchange 9. Other - list in Comments	If OTC Exchange is requested, provide OTC ship date or exchange PO number.  _____  _____

<b>For return items, please ship to the address below using the RMA number provided.</b>	<b>For Office Use Only</b>
<b>Uniview Technology</b> <b>ATTN RMA #</b> _____ 850 Freeport Parkway, Suite 100 Coppell, Texas 75019-4412 Receiving Hours: Monday - Friday 8 am to 4 pm CST	Credit Issued: Yes / No Credit Amount: Transaction Number: Date Issued: Issued By: Comments: