



Return Merchandise Authorization
Complete and Return to TSItouch Tech Support

RMA Request Date:

(mm/dd/yyyy)

Please include a copy of this RMA request
with the shipment to TSItouch

Return Address:

TSItouch
Attn: RMA (number)
One Millennium Drive, Suite 3
Uniontown, PA 15401
(RMA issued by TSItouch)

Product Information

Purchase Order Number:

Product Description:

Serial Number:

Problem Description:

Requestor Information

Company Name:

Primary Contact:

Email Address:

Phone Number:

Technical Contact:

Email Address:

Phone Number:

Return Shipping
(with site contact information)

Company Name:

Attention:

Email:

Street Address:

City:

State:

Zip:

Site Contact Phone Number:

Upon completion of repairs, Return transportation for all
In Warranty (Repair & Return) RMAs is via Ground Freight.

Failure to Include this Form with Returned Product May Result in Lost Product.

TSItouch Internal Use only:

Under Warranty	<input type="checkbox"/>
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RMA #