



908 Canada Court
City of Industry, CA 91748

RMA REQUEST FORM
PLEASE FILL FORM OUT COMPLETELY

RMA #: DATE REQUEST:

*TECH ID #:

*Dealer: Y N if yes, Dealer Code #:

(*Please choose either Tech ID or Dealer Code to fill in.)

DISTRIBUTOR INFORMATION

NAME: CONTACT: PHONE:

EMAIL:

DEALER / INTEGRATOR INFORMATION

NAME:

Hikvision WILL RETURN REPAIRED ITEM(S) TO:

SHIP TO ADDRESS:

ATTN to:

STATE: ZIP: YOUR PHONE: YOUR FAX:

QTY	Model Number #	Serial Number # <small>(Must be complete & accurate for us to process your request)</small>	Description of problem <small>(Failure to include a detailed description will result in RMA request to be auto-declined)</small>

REQUEST TYPE: (Please cross out box)

Return for Repair

Return for Credit

Customer Comments:

NOTE:

**** PACKAGES WITHOUT RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED**

**** ENCLOSE A COPY OF THIS FORM IN THE PACKAGE AND SEND ALL RETURNS TO:**

**Hikvision USA, Inc.
Attn.: Repair Department
908 Canada Court
City of Industry, CA 91748**