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| Omnilink_NXsol_Large (1).jpg | **RMA Request** |
| *Office Use Only* |
| RMA Number from Omnilink:       |
| Date: Click here to enter a date. | New Sales Order Number:      GP Account #:       |
| Company Name:       | Shipping Method for Replacement Items:Select One:  |
| FocalPoint ID:       | Contractual Shipping Rates Will Apply |
| Shipping Address:       |  |
| City, State, Zip:      RMA Requested By:       | All items Returned Are: Email Address For Label: dana@americancorrections.com |
| **Qty** | **Item Description** | **Serial Number** | **Replacement(Y/N)** | **Reason Code** |
|       |  |       |  |  |
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| **Comments:**      **Please make sure that all devices are unassigned from the last offender before returning equipment.** ***Please enter all information on this form to prevent delay and ensure correct processing of the RMA.*** |
| When returning devices for inventory reduction, please include the backplate, strap, and charger. |
| **RMA Process**Fulfillment staff will approve RMA and process a FedEx label and for delivery to the customer within 24 hours after RMA approval, M-F, excluding holidays. If replacements are requested for leased equipment, a replacement sales order will auto generate upon approval of the RMA, purchased equipment upon receipt of equipment. |
| Save this order form to your computer for your records.E-Mail the completed form to: dana@amerciancorrections.com |