



RETURN AUTHORIZATION FORM

Please complete this form entirely and include a copy in the box with each unit sent to Comrex. **No RMA number required.** Our normal turnaround time for repairs is 2–4 weeks. If you have a loaner unit from Comrex, we may prioritize other repairs if needed.

Note: WARRANTY REPAIRS will be returned via UPS ground/standard free of charge. If expedited shipping is necessary, please provide a UPS or FedEx account number.

If sending equipment from outside the U.S., you **MUST** use the shipment type: "Return/Repair" with Harmonized Tariff Code **9801.00.1012** or **8517.69.0000** and declare:

"Country of Origin: USA - being returned to original manufacturer for repair and return" on the Commercial Invoice. If you do not include this documentation, you will be responsible for paying any fees or charges acquired during import.

Send Equipment To: Comrex Corporation, 19 Pine Road, Devens, MA 01434 USA **Attn:** Repair Dept.

Reason for Return: Repair Exchange Credit Other: _____

Date Shipped: _____ **Date Required Back:** _____
(Indicate a specific date; "ASAP" will be processed as standard turnaround time)

Preferred Return Shipping Carrier: _____ Ground 3-Day 2-Day Overnight

Shipping Account # (optional): _____ **Insured Value (domestic shipments):** _____

Comrex insures all domestic shipments at full replacement cost unless otherwise requested; if you prefer to accept liability for lost or damaged shipments, you may request that we ship on your account with no insurance added: Do Not Insure (*I accept responsibility for loss/damage*)

From: Who is sending it in?

Company: _____ Address: _____
City: _____ State: _____ Zip/Postal: _____ Country: _____
Contact: _____ Tel #: _____ Email: _____

Ship To: Where should we return it to?

Company: _____ Address: _____
City: _____ State: _____ Zip/Postal: _____ Country: _____
Contact: _____ Tel #: _____ Email: _____

Bill To: Who is paying for it? **Please note: Minimum Repair/Evaluation Charge - \$75.00 (warranty items excluded)*

If your company has payment terms established with Comrex, please indicate a PO#: _____

Company: _____ Address: _____
City: _____ State: _____ Zip/Postal: _____ Country: _____
Contact: _____ Tel #: _____ Email: _____

Please list the equipment enclosed and **INCLUDE WEB USER INTERFACE PASSWORD** if non-default. If no password is provided, Comrex repair engineers may need to factory reset the equipment to gain access.

Model	Serial #	Problem (Please provide as much detail as possible)

Special Instructions: _____