

## SkyWire RMA Request Form

In order to expedite the processing of your RMA request, please fill out this form completely.

1. Email the completed form to [RMA@skywire.com](mailto:RMA@skywire.com) or fax it to 702-515-7473 ATTN: RMA Department
2. Once your RMA request is received, we will email you back a payment information verification form with your RMA # issued.
3. We will email return instructions (if applicable) once payment information is verified.
4. Refunds will be applied to credit card used at time of original purchase. If original purchase was paid by check, refund will be issued via check and mailed to the billing address provided on the request form.
5. Please read, follow by signature in Hardware RMA fine-print section

**PLEASE DO NOT RETURN MATERIALS UNTIL REQUESTED TO DO SO.**

Contact Name	E-Mail (Required)	Phone	Fax	Date		
Company		Address		City, State, ZIP		
	PRODUCT NAME	Serial Number	QTY	RMA TYPE		
				REFUND	EXCHANGE	REPAIR
A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for Return						
Complete box below for credit card used at original purchase, if applicable.				Hardware RMA fine-print		
Last 4 #s of CC: _____ Billing Name: _____				<b>By signing this form you are acknowledging that you are aware of the following terms. Hardware may not be returned without prior return authorization. Any hardware returned due to changes in configuration or otherwise at customer's request will be subject to a restocking fee of 20% of the cost of the hardware. If SkyWire, Inc. determines that customer has used the hardware; SkyWire, Inc. may assess an additional restocking fee, not to exceed in the aggregate of 50% of the cost of the hardware. For clarity, the fees in this section do not apply to hardware returned for warranty service.</b>		
Amount paid: _____ Purchase date: _____						
Fax or email form to:	702-515-7473 ATTN: RMA Department <a href="mailto:RMA@skywire.com">RMA@skywire.com</a>			<b>X Signature: _____</b>		
<b>DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.</b>						
Comments/Brief Description of hardware condition:				No testing required <input type="checkbox"/>		
Refund authorized by: _____ Date: _____ Title: _____  Apply 10% restocking fee <input type="checkbox"/>  Full refund <input type="checkbox"/>  Replacement <input type="checkbox"/>  Repair <input type="checkbox"/>  Other <input type="checkbox"/> _____				Date Received: _____		
				Testing dept : _____		
				Date sent: _____		
				Testing dept recommendation : _____		
				Mint condition <input type="checkbox"/>		
				Needs replacement <input type="checkbox"/>		
Repair <input type="checkbox"/>						
				Las 4 #s of CC : _____		
				Amount Refunded : _____		
				Date Refunded: _____		
				Refund transaction #: _____		
				Refunded BY: _____		
				Comments: _____		