

ADIRONDACK TECHNOLOGY OF NEW YORK INC.

20 Prospect St. Suite 203

Ballston Spa. NY 12020

PH. 518-363-0002 Fax- 518-363-0300

RMA #

Customer Return Materials Authorization

Request received by _____ Received on _____

Customer Details

Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

Product Details

Item	Model #	Serial #	Invoice #	Date
_____	_____	_____	_____	_____

Reason for Return

Item	Model #	Serial #	Invoice #	Date
_____	_____	_____	_____	_____

Reason for Return

Item	Model #	Serial #	Invoice #	Date
_____	_____	_____	_____	_____

Reason for Return

For Internal Use Only

RMA # _____	Return rec'd on _____	Credit amount _____
Issued by _____	Return rec'd by _____	Credit issued by & Date _____
Issued on _____	Repaired on _____	Repaired equip. sent _____
Good until _____	Restocking Fee _____	Replacement sent _____

RMA PROCEDURES

1. RMA request forms must be filled out and Faxed or Emailed Back to Adirondack Technology with corresponding Invoice number.
2. RMA # is valid for 15 days after the RMA # is issued.
3. RMA # must be clearly marked on the SHIPPING box. We are not responsible for damage that occurs during shipping.
4. Repairs or Credit will be given upon inspection of the Product