

RETURN MATERIAL AUTHORIZATION FORM

Ship to:
 Intellicall, Inc.
 3210 Beltline Rd., Suite 146
 Farmers Branch, TX 75234
 Attn: RMA Department

Correspondence Address:
 Intellicall, Inc.
 3210 Beltline Rd., Suite 146
 Farmers Branch, TX 75234
 800-800-9091(voice) 469-522-1453 (fax)

RMA Number:

 Date:

TO BE COMPLETED BY CUSTOMER

Customer		Customer #	Bill To (leave blank if same as shipped from)			Customer #	
Address 1				Address 1			
Address 2				Address 2			
City	State	Zip Code	Country	City	State	Zip Code	Country
Contact Person		Expedite (Y/N)	Expedite Authorization	Return Shipping: Std <input type="checkbox"/> Expedite <input type="checkbox"/> Other:			
Contact information Telephone: () - Fax: () - E-Mail:							
Equipment Description (ASTRATEL2, INET, etc)				Equipment Serial Number		Revision	

Description Of Problem: (Please check ALL applicable symptoms)

<input type="checkbox"/> Out of Box Failure	<input type="checkbox"/> Escrow Return/Collect Problem	<input type="checkbox"/> Coin Recognition Problem
<input type="checkbox"/> Will Not Power Up	<input type="checkbox"/> Will Not Call Out	<input type="checkbox"/> Keypad Problem
<input type="checkbox"/> No Dial Tone	<input type="checkbox"/> Low Volume/No Amplification	<input type="checkbox"/> Intermittent Problem
<input type="checkbox"/> Always Busy	<input type="checkbox"/> INET Connection Problem on Bench	<input type="checkbox"/> Vandalized
<input type="checkbox"/> Constantly Resets	<input type="checkbox"/> INET Connection Problem at Site	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Loses Program	<input type="checkbox"/> INET Callout Problem	

Comments

Submission of equipment to Intellicall is deemed as authorization to repair and acceptance of charges incurred based on the pricing index as of the date submitted, except for "On-Hold" equipment that will require authorization for additional charges, except for the standard handling fee if chosen not to repair.

TO BE COMPLETED BY INTELICALL

Receipt Date	Test Date	On-Hold No ___ Yes ___ (Date of contact _____)	Repair: Yes ___ No ___	Repair Date	
AstraTel 2 Repairs		UltraTel Repairs	INET Repairs	ECV Repairs	Other Repairs
AT2 Level 1 ___	Unrepairable ___	Standard ___	INET Level 1 ___	Basic ___	Keypad ___
AT2 Level 2 ___	Testing Only ___	Warranty ___	INET Level 2 ___	Actuator ___	Escrow ___
AT2 Level 3 ___		Unrepairable ___	INET Level 3 ___	Post ___	Warranty ___
Warranty ___			Warranty ___	Warranty ___	Other _____