



Return Merchandise Authorization Form



Steps to complete this form:

1 Fill out the Dealer Return Information section of this form

2 Fax or e-mail this form along with a copy of the original invoice to (507) 424-4973 or RMA@paceintl.com

3 We will assign an RMA number for your return by faxing this form back to you.

4 Ship the products, prepaid with the RMA number clearly noted on the outside of the box to the address below. Include copies of RMA form, invoices, and any other supporting documentation.

Dealer Return Information

Dealer: _____ Contact _____

Customer #: _____ Phone: _____ Fax: _____

Invoice #: _____ Invoice Date: _____

Products being returned for: — write the **Status Number (#)** that applies in the status column.

Ship to:
Pace International
Attn: RA Department
3582 Technology Dr. NW
Rochester, MN 55901
Phone: (800) 444-7223 Ext. 4923
Fax#: (507) 424-4973

Status <small>(see below)</small>	Qty	Prod. Line <small>(e.g. PAC)</small>	Item Number	Serial Number	Specific Reason for Return <small>(e.g. Shorted out on video 1 port S/N 582ww12)</small>

Note: Returns without proper documentation and RMA# noted on the box will not be accepted.

Status

1 = Credit Return: Credit account for returned product, upon evaluation and management's approval.

2 = Warranty Return: Credit for warranty return may be repaired or replaced after evaluation by original manufacturer. Please order replacement from your Account Representative.

Terms and Conditions

TWI products have a 3 year warranty and will be credited accordingly. First year full replacement value, second year 40% of original invoice credited, third year 20% of original invoice credited. All other products will be evaluated and possibly repaired and returned.

All products are subject to evaluation. A minimum 25% restocking charge may apply on exchanged or credited products if not in new or original package. A \$20.00 service charge will apply for all warranty items found to be non-defective. **No returns on special order items or custom-made items.**

No returns accepted without a Pace-authorized RMA#. Any claims and/or returns from this invoice must be made within 30 days. After 30 days, all returns are subject to a minimum 25% restocking fee.

For internal use only.

RA Date: _____

RA #: _____

ENCLOSE COPY OF THIS FORM WITH RETURN & WRITE RMA# ON THE BOX