



Return Material Authorization Request

Fax to: XBLUE Networks Authorized Repair Facility
Attention: Repair Department

Fax #: (913) 599-3877

Please complete the following information:

Date: _____ Customer / Business Name: _____

XBlue Networks Customer ID: _____

Person Requesting Return: _____

Customer Telephone: _____ Fax#: _____

Return Shipping Address: _____

City, State and Zip: _____

Equipment Return Information:

Qty.	Part Number	Serial Number	Description of Item	Complete Defective Description*

*****Do not write below this line. This is to be filled out by Repair Facility*****

Tech Comments:

Completed by: _____

Date: _____

*Equipment without a complete description of the failure will be refurbished at the owners' expense

RMA Request Procedures for XBLUE's Customer

1. **Fill out all of the information requested on the RMA Request Form.**
 - **Fax the form along with a cover sheet to: 913-599-3877 Attn: Repair Department**
 - Or**
 - **Email this document to: RMA@xbluenetworks.com**
2. **Once the form is received by the XBLUE Authorized Repair Facility an RMA number will be generated.**
3. **The RMA number will then be Faxed or Emailed to the customer contact information provided. The RMA Request form must be included in the shipment that is being sent in for repair and return to the XBLUE Authorized Repair Facility.**
4. **Freight costs incurred to send in defective equipment will be the responsibility of the customer.**
5. **Once the equipment is received at the XBLUE Authorized Repair Facility, the equipment will be repaired and shipped within (10) business days by ground shipment.**
6. **A tracking number will be provided to the customer the same day that the equipment ships, either by fax or by email depending on how the request was received at the XBLUE Authorized Repair Facility.**