

RA Number : _____

Date : ____ / ____ / ____
 DD MM YYYY

RA FORM

Your Details

I am End User Retailer Distributor (tick one)

Store / Distributor Name _____

First Name _____ Last Name _____

Address Line 1 _____

Address Line 2 _____ State _____ Postcode _____

Primary Contact No _____ Alternative Contact No _____

Email _____ Fax No _____

RA Request is for (tick one)

Credit Repair / Replace Store Stock Replacement

Is the unit under warranty?

Yes No

This RMA form is designed for units that are still under warranty. If you wish to seek repair or replacement for a unit that is faulty and is out of warranty, please call our support team for further assistance.
The form cannot be submitted with **NO** selected for this option.

Product Details

Date of Purchase	Model Name (eg DVR4-2600 & 4 x PRO-580 Cameras)	Product Code (eg SWDVK-426004)	Fault Description	Your Reference Code

Notes

Conditions of Credit, Repair or Replacement

Goods returned outside 30 days of DOA period cannot be credited, we will repair or replace your stock only. All requests for credit require proof of purchase to be faxed with RA request. Proof of purchase not required from resellers for repairs if they have sighted receipt and are satisfied it is genuine and within warranty period. All faulty hardware and software that is under warranty will be repaired or replaced at no charge. Any products tested and found not faulty may incur a charge of \$35 or more, payable on collection of goods. No responsibility will be taken for any lost or damaged data, or any repairs not collected within 3 months. **All costs associated with returning goods to Swann, including postage, will be incurred by the sender.**

We may replace defective goods with refurbished goods of the same type rather than repairing the problem with the original goods, or use refurbished parts to repair the goods. You must be aware when repairing goods, there may be a loss of user-generated data that may be stored on your device.

Agreement

I acknowledge that I have read and understand the conditions on this form and wish to request warranty on the goods listed

Customer Signature _____

Date ____ / ____ / ____

DD MM YYYY

PLEASE WRITE RA NUMBER CLEARLY ON THE OUTSIDE OF YOUR SHIPPING CARTON

ITEMS SHIPPED WITHOUT AN RA NUMBER CLEARLY MARKED MAY BE REJECTED FOR DELIVERY
An RA number authorising the return of goods listed herein will usually be issued within 2 business days