

## RMA REQUEST FORM

PLEASE FILL FORM OUT COMPLETELY AND EMAIL TO:

[RMA.USA@HIKVISION.COM](mailto:RMA.USA@HIKVISION.COM)

DATE REQUEST: \_\_\_\_\_

### DISTRIBUTOR INFORMATION\*

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### DEALER/ INTEGRATOR INFORMATION\*

COMPANY NAME: \_\_\_\_\_

REPAIRED ITEM(S) RETURN TO: \_\_\_\_\_

SHIP TO STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

QTY:	MODEL NUMBER*:	SERIAL NUMBER*: <small>(MUST BE COMPLETE &amp; ACCURATE FOR US TO PROCESS YOUR REQUEST)</small>	DESCRIPTION OF PROBLEM*: <small>(FAILURE TO INCLUDE A DETAILED DESCRIPTION MAY RESULT IN AUTO-DECLINE OF REQUEST)</small>

### REQUEST TYPE\*: (Please cross out a box)

RETURN FOR REPAIR

RETURN FOR CREDIT

NOTES/ COMMENTS:

PLEASE NOTE: **Remark:** Items with an (\*) asterisk sign MUST be filled out completely to process the RMA Request  
**\*\*\*ANY PACKAGES SHIPPED BACK WIHTOUT AN RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED.\*\*\***  
For any questions please email [RMA.USA@HIKVISION.COM](mailto:RMA.USA@HIKVISION.COM)