

# TRANAX ATM - RMA REQUEST FORM

\*Please use one form per part returned - Fax to (510) 438-9238

**COPY OF THIS FORM MUST ACCOMPANY PART**

Date: \_\_\_\_\_

Distributor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Part Serial Number \_\_\_\_\_

ATM Serial Number \_\_\_\_\_

Part returned for: Repair / inspection (*circle one*)

Inspection without repair is subject to \$50.00 diagnostic fee

Detailed problem description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship Parts to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Next Day \_\_\_\_\_ 2 Day \_\_\_\_\_ Express Saver \_\_\_\_\_ Ground \_\_\_\_\_

TRANAX USE ONLY
RMA# XDR _____ Date Received: _____
Results: _____
Repairs: _____
Components Replaced: _____
_____