SERVICE REPAIR **POLICY**

Products purchased through Peregrine may be returned for repair by following these steps:

- 1. Fill out a Return Material

PEREGRINE COMMUNICATIONS



Return Material Authorization Form (RMA)

Authorization Form in its entirety and fax it back to 303-278-9685 Attention: Repairs Dept	Company: Contact Name:						
Our Repairs Dept will proc- ess your request and call or e-mail you with a RMA number	Address:			Zip:			
Return authorized item(s) only per shipping instruc- tions	Phone: () Fax: () Email Address:						
Return Material Authorization Forms can be obtained by:							
- Website: www.perecom.com - Contacting your sales rep. - Calling 303-278-9660	RMA No:		Peregrine Use Only Date Issued:				
2. (OW) Out of Warranty by manufacturer. A RM	(Must provide original invoice number	and date in a w/this form i PO is receive	order to verify warranty coverage n order to cover cost of repair. Ci d by our Repairs Department)				
		One Iten	n Per Section				
Return Type Part #		Origi	nal Invoice #	Invoice Date			
Manuf. / Description			Serial Number				
Return Reason (be spe	ecific)						
Return Type Part # Original Invoice # Invoice Date Manuf. / Description Serial Number							
_	ecific)						
Return Type Part # Original Invoice # Invoice Date							
Manuf. / Description _			Serial N	umber			
Return Reason (be spe	ecific)						
			1				
SHIPPING INSTRUCTIONS Be sure to obtain a RMA No. and clearly mark the outside of the			Additional Comments:				
box(es) with this number. 2. Ship only the items that are auti	Sample Address Label w/l	RMA#					
ized. 3. Enclose a packing slip and the l Material Authorization Form.	ABC Company 123 Smith Street Peregrine Communications, Inc. Attn: Repairs Department - RMA #1234 14818 W. 6th Ave. Suite 16A Golden, CO 80401						
4. Ship Prepaid Only to: Peregrine Communications Attn: Repairs Department RMA: 14818 W. 6th Avenue Ste.16A Golden, CO 80401			Customer Signature:				
Shipments received by Peregrine without a RMA number will be efused.			Date:	_			





Return Material Authorization Form (RMA)

One Item Per Section

Return Type	Part #	Original Invoice#_		Invoice Date				
Manuf. / Description			Serial Number					
Return Reason (be specific)								
Return Type	Part #	Original Invoice#_		Invoice Date				
Manuf. / Description			Serial Number					
Return Reason (be specific)								
Return Type	Part #	Original Invoice#_		Invoice Date				
Manuf. / Description			Serial Number					
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