

RMA #

Include a valid receipt or proof of date of purchase if possible!

DATE:

Return Merchandise Authorization (RMA) Form



Ship returns to:

Gale Corporation
1220 Melody Lane, Suite 155
Roseville, CA 95678

PHONE 888-566-5728
FAX 877-338-1781



For warranty service directly from Gale Corporation please follow these steps:

Before shipping, perform preventive checklist:

1. Test tool with a new battery.
2. Make sure battery is inserted correctly.

Instructions: Go to the "Support" page at our website www.galecorp.com and **get an official RMA number**. Write the RMA number in the space at the top of this form and fill out the rest of the form. Ship the completed RMA form with your tool and proof of date of purchase (if available) to the Gale shipping address at the left. Ship only the tool (and all 8 ID Caps if returning an NX8 tool). Do NOT include adapters or carrying cases. Within 48 hours of receipt of your package, we will evaluate your request and contact you to give you a status update, then promptly repair or replace the tool and ship it to you.

Note: If item found inoperable based on any preventive checklist items above or mailed without proof of purchase, item will be shipped back at owner's expense.

CUSTOMER INFORMATION

Company:		Contact Name:	
Street:		Title:	
City, State, Zip:		Phone:	
E-Mail:		Fax:	

QUANTITY RETURNED	
Pocket Toner® NX1	
Pocket Toner® NX2	
Pocket Toner® NX8	
Other (specify)	

SPECIFIC DESCRIPTION OF THE PROBLEM

FOR OFFICE USE ONLY

RETURN TYPE
<input type="checkbox"/> REPAIR
<input type="checkbox"/> REPLACE
DATES
Product Date:
Purchase Date:
Ship Date:

QC Inspect	Replaced
<input type="checkbox"/> Visual Inspect	<input type="checkbox"/> Main Unit
<input type="checkbox"/> New Battery Test	<input type="checkbox"/> Toner Unit
<input type="checkbox"/> Short-Circuit Test	<input type="checkbox"/> Battery
<input type="checkbox"/> Toner Unit Test	<input type="checkbox"/> ID Cap(s)
<input type="checkbox"/> Switch Internal Inspect	<input type="checkbox"/> Other:

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