

Camera RMA Request Form



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RMA Office Only

RMA #: _____ Issue Date: _____
Arrival Date: _____ Depart Date: _____
Tracking #: _____

Please fill out this form as completely and as clearly as possible

Customer Information

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip/Postal code: _____
Phone: _____ Fax: _____ Email: _____

Camera Information

(Must provide a Serial Number and Detailed Description)

Model: _____

Serial Number: _____

Problem Description

RMA Office Only

Warranty Non-Warranty Return

Problem Diagnosis and Action Taken

Technician: _____

We do have the right to reject an RMA request if insufficient information is given.
Please make sure you give us a detailed description of the situation and a serial number.

If your request is approved, we will send you another form of instructions for shipping the unit to us.

If there are any questions please contact us at 301-256-0000 or orderprocessing@remoteeyes.com