



MODULAR DEVICES, INC.

ONE RONED ROAD • BROOKHAVEN R&D PLAZA • SHIRLEY, NY 11967 (631) 345-3100
An ISO 9001:2000 Registered Company

REQUEST FOR RETURN MATERIAL AUTHORIZATION (RMA)

CUSTOMER: _____ FAX NO. _____
ATTN: _____ DEPT. _____ TELE NO. _____
MDI CONTACT: _____ DEPT. _____ MDI FAX# (631) 345-3106

BEFORE AN RMA NUMBER WILL BE ISSUED. THIS CERTIFICATION MUST BE COMPLETED, SIGNED AND DATED. PLEASE BE KIND ENOUGH TO FILL OUT COMPLETELY AND RETURN THIS CERTIFICATION. THE INFORMATION SUPPLIED WILL BE REVIEWED AND AN INDIVIDUAL RMA NUMBER WILL BE PROVIDED FOR EACH S/N. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

1. BY SIGNING THIS RMA, CUSTOMER ACKNOWLEDGES THAT A \$500.00 MINIMUM EVALUATION CHARGE OR 10% OF THE ORIGINAL UNIT PRICE (WHICHEVER IS GREATER) FOR THE UNIT RETURNED WILL BE INCURRED, IF THE UNIT IS NOT COVERED BY THE WARRANTY, OR IF IN WARRANTY, THE REJECTION IS INVALID. AFTER EVALUATION AT MDI, IF THE UNIT IS DETERMINED TO BE COVERED UNDER WARRANTY, THE EVALUATION CHARGE WILL BE WAIVED. IF OUT OF WARRANTY, CUSTOMER AGREES TO PAY, AT A MINIMUM, THE EVALUATION CHARGE EVEN IF MDI DETERMINES THAT THE UNIT IS UNECONOMICAL TO REPAIR.
2. CUSTOMER MUST SUPPLY DETAILED FAILURE INFORMATION ON RETURNED UNIT BEFORE UNIT CAN BE ACCEPTED FOR EVALUATION AT MDI.
3. STANDARD CHARGE FOR FAILURE REPORT IN MDI FORMAT IS \$500.00 PER REPORT.
4. ALL OUT OF WARRANTY REPAIRS WILL BE ON A BEST EFFORTS BASIS ONLY.
5. DISPOSITION OF UNIT EVALUATED UNDER WARRANTY, WILL BE AT MDI'S SOLE DISCRETION FOR REPAIR OR REPLACEMENT ONLY.
6. REQUESTOR HEREBY CERTIFIES THAT NO DEBIT MEMOS WILL BE ISSUED AGAINST PO# _____ WITH REFERENCE TO UNIT BEING RETURNED FOR EVALUATION AND/OR REPAIR. IN THE EVENT THAT ANY DEBIT MEMOS ARE ISSUED. REQUESTOR UNDERSTANDS THAT CUSTOMER WILL INCUR A MINIMUM ACCOUNTING CHARGE OF \$150.00 PER DEBIT MEMO. A NON-WARRANTY UNIT RETURNED AGAINST A DEBIT MEMO WILL BE RETURNED TO THE SENDER, WITHOUT EVALUATION, AT THEIR EXPENSE. IN THE EVENT THAT A UNIT IS RETURNED TO MDI WITHOUT A VALID RMA. MDI WILL RETURN THIS UNIT TO THE SENDER AT THEIR EXPENSE AND INVOICE THE SENDER A HANDLING CHARGE OF \$150.00 PER LOT.
7. CUSTOMER UNDERSTANDS AN EVALUATION CHARGE FOR ANY IN-WARRANTY INVALID REJECT WILL BE INCURRED IF APPLICABLE.
8. RMA # MUST APPEAR LEGIBLY ON OUTSIDE OF SHIPPING CARTON OR SHIPMENT MAYBE REFUSED.
9. FOR INTERNATIONAL RETURNS, CUSTOMER MUST OBTAIN SPECIFIC SHIPPING INSTRUCTIONS FROM MDI FOR COMPLIANCE WITH EXPORT CONTROL REGULATIONS, AS APPLICABLE.

P.O.#: _____ REPAIR P.O.# (IF DIFFERENT) _____ QTY: ONE
CUSTOMER P/N _____ MDI MODEL: _____ S/N# _____
REASON FOR RETURN/COMPLETE DESCRIPTION OF COMPLAINT REQUIRED:
(USE A SEPARATE SHEET IF NECESSARY) ATTACH TEST DATA

AUTHORIZED SIGNATURE (PLEASE ALSO PRINT BELOW) TITLE DATE

MDI RMA# _____ ISSUED FOR S/N _____

RETURN AUTHORIZED BY _____