



AXIS COMMUNICATIONS ADVANCE REPLACEMENT

Please complete the form below and fax to (978)-614-2113. Axis Communications will ship your replacement unit(s) upon receipt of the completed form and credit card authorization. You will be charged \$50.00 to cover the advance replacement fee. Please ship your defective unit to Axis Communications, Inc., 100 Apollo Drive, Chelmsford, MA 01824 to the Attention of:

RMA # A _____

The RMA # must be clearly written on the outside of all packages. Axis will not accept returns without an RMA #.

PRODUCT INFORMATION:

Qty: _____ Part Number: _____ Product Description: _____

SHIPPING INFORMATION:

Company: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone and Fax number: _____

Email Address: _____

CREDIT CARD INFORMATION:

Your defective unit(s) must be returned within 30 days of receipt of the replacement unit(s). If the unit(s) is not returned, Axis Communications Inc. will charge your credit card below for the list price of the unit(s).

Credit Card (Circle One) MasterCard Visa American Express

Credit Card Number: _____

Expiration Date: _____ Cardholder Name (print): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorization: " I authorize Axis Communications Inc. to bill my credit card for \$50.00to cover the advance replacement fee and for the list price of the unit(s) if I do not return them within 30 days of receipt of the replacement unit(s). I understand that this agreement is non-assignable and non-transferable."

Name (print): _____ Date: _____

Signature of Cardholder _____

Office Use Only

RMA # _____

Axis Rep Signature _____ Date Received _____

Credit Card Authorization # _____ Amount _____ Processed by: _____