



## AXIS COMMUNICATIONS CROSS SHIPMENT AGREEMENT

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. Please ship your defective unit within 30 days to Axis Communications, Inc., 100 Apollo Drive, Chelmsford, MA 01824 to the Attention of:

**RMA # X** \_\_\_\_\_

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: \_\_\_\_\_

All cross shipments are shipped overnight via DHL

### 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 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: \_\_\_\_\_

Updated 02/11/2004