



AXIS COMMUNICATIONS TECHNICAL SUPPORT TESTING AGREEMENT

Axis Communications, INC., will test your unit to determine if it can be repaired. If so, it will be repaired and returned to you. Please ship your defective unit to Axis Communications, Inc., 100 Apollo Drive, Chelmsford, MA 01824 Please complete the form below and fax to (978)-614-2113.

Case # _____

PRODUCT INFORMATION:

Part # _____ Description _____ Qty _____ Fee \$75.00 Total _____

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PAYMENT INFORMATION:

Please indicate your choice of payment below:

- Prepaid – please mail this form with your check to the above address to the attention of Finance.
- Credit Card – Please complete information below.

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 above Testing fees. I understand that this agreement is non-assignable and non-transferable."

Signature of Cardholder _____

***You will receive an RMA (Return Merchandise Authorization) number pending receipt of payment or authorization of the above credit card information.**

FAX COMPLETED FORM TO 978-614-2113

Office Use Only

RMA # _____

Axis Rep Signature _____ Date Received _____

Credit Card Authorization # _____ Amount _____

Processed by: _____