



REPAIR REQUEST FORM

CUSTOMER ID: _____

RMA # _____

INSTRUCTIONS:

1. Complete and sign this request form.
2. Email vantivorders@phoenixgrouppos.com to receive your RMA #.
3. Please include this form with RMA # written above in the shipping box. **DO NOT INCLUDE ANY ACCESSORIES SUCH AS POWER PACKS, CABLES, BATTERIES...ETC.**
4. Ship equipment to: The Phoenix Group
RMA _____
6705 Keaton Corporate Pkwy
O'Fallon MO 63368
5. In efforts of providing a more expeditious delivery of your repaired product, The Phoenix Group, after receiving your defective unit, may exchange it with a fully refurbished product of the same make and model.
6. Shipping costs are not covered under the repair process.

SHIPPING NOTE: We strongly recommend that you ship your equipment via UPS or FedEx in order to track your package if needed. The Phoenix Group is not responsible for packages that are lost or damaged in transit.

BILLING AND RETURN SHIPPING INFORMATION

BILL TO:	SHIP TO:
CONTACT:	CONTACT:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:
RETURN EQUIPMENT VIA: <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 nd Day Air <input type="checkbox"/> 3 rd Day Air <input type="checkbox"/> Ground	
Carrier:	Shipper account number:

EQUIPMENT MODEL	SERIAL NUMBER	DESCRIPTION OF PROBLEM

LIST ADDITIONAL TERMINALS ON BACK OF PAGE OR ATTACH TO THIS PAGE

ADDITIONAL COMMENTS:

Thank you for choosing The Phoenix Group for your POS needs!

Authorized Signature _____ Date _____

Please make a copy of this form and keep it for your records. The RMA # is essential when referencing questions about the repairs. Questions? E-mail vantivorders@phoenixgrouppos.com.