

# Shuttle® RMA Request Form for Direct Service

17068 Evergreen Place City of Industry, CA 91745

Tel: (626) 820-9000 ext 402 | Fax: (626) 854-5351 | Email: directrma@us.shuttle.com

RMA#	Req. Date:	Customer ID#:	DOA
Company		Phone:	REPAIR
Address		Fax:	CREDIT
		Contact Name:	
		E-mail:	
Original Supplier		Notes:	

Item #	Serial Number #	Invoice #	Inv. Date	Error Code	Problem Encountered
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*\*PLEASE ENCLOSE A COPY OF ORIGINAL INVOICE AND THIS FORM WITH YOUR SHIPMENT*

**Notes:**

1. A comprehensive description of problems are required on all products return.
2. Please also Fax a copy of invoice with RMA request form.
3. Please write down your RMA number outside the shipping box.
4. Shuttle is not responsible for any claims after 5 working days you receipt of RMA return shipment.
5. A RMA number will be voided if the item(s) is not received by Shuttle within 14 working days upon issuance of the RMA number.

Received by: \_\_\_\_\_

**Error Code:**

- |                              |                       |                                  |                            |                     |
|------------------------------|-----------------------|----------------------------------|----------------------------|---------------------|
| E1: No post, No display      | E2: No Power up       | E3: Locks up after warm boot     | E4: USB ports not working  | E5: Fan not working |
| E6: Network port not working | E7: Sound not working | E8: Mouse / Keyboard not working | E9: IDE / Sata not working | E10: Other          |