



333 H St, Suite 5007
 Chula Vista, CA 91910
 PH: 1-877-299-9931
 Fax: 1-866-657-5671
 repaircentre@northernaccess.com

Service & Repair Authorization (RMA)

Send your equipment and completed RMA form to the address above

RMA #	Date:
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Customer Information:

Customer Name:

Company Name:

Return Address:

City

State and Zip Code

Phone Number

Email Address

Equipment Information:

No.	Brand & Model	IMEI # / ESN #	Problem Description
1			
2			
3			
4			

Sending in for Exchange or Credit	Sending in for Repair or Maintenance	Is Item(s) under warranty? Yes/No
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Terms and Conditions

- This form authorizes NorthernAccess to evaluate all parts noted on this sheet as being defective and it is his/her duty to make sure the part(s) are accounted for, defective or not, when replacement is complete.
- There will be a minimum charge of \$100.00 for evaluation fee plus shipping cost to and from repair centre, taxes and any custom charges will be applied per item that is out of warranty. An additional quote will be provided to customer once repair centre has made an assessment of needed repair(s).
- For any item NOT under warranty, the customer is responsible for costs for any repair work that may need to be performed. For equipment being reflashed, the customer agrees that NorthernAccess and/or Iridium are not held responsible for failure of the equipment due to the reflash process; as there is a possibility that the equipment could become inoperable due to software corruption resulting from the reflash process.
- When shipping the satellite equipment to the repair centre, DO NOT SHIP SIM CARDS; NorthernAccess is not held responsible for the loss or usage of any SIM cards shipped to the repair centre.
- The customer needs to put the RMA# on the outside of any package shipped back to us.
- Please provide credit card information to cover the costs of any work done as well as shipping costs back to the customer. If you already have a shipping account that you would like us to use, please provide that information under Return Address.

By signing or checking agree box below on this form you authorize NorthernAccess to evaluate or repair your equipment, and use billing details listed below to charge for said repair/bench testing services on credit card below & have read & agree to all terms & conditions here and on our website at 'NorthernAccess Terms & Conditions'

Payment Information (Out of Warranty Repairs)

Name on Card: _____ Credit Card Type: _____ Exp Date: _____

Billing Address: _____

Card Number: _____ Security Code: _____

Sign or Check Box _____ **Date:** _____