



RETURN MATERIAL AUTHORIZATION

RMA # _____ (assigned by office)

TYPE: <input type="checkbox"/> Service/Repair <input type="checkbox"/> Return	DATE:
CUSTOMER:	
ADDRESS:	PHONE:

PRODUCT:	SERIAL #:
Problem description/symptoms:	

Scenar Health USA Return Terms and Conditions:

- Scenar Health USA will credit, replace or repair any product found defective for two years following date of purchase.
- Customer must obtain an RMA number from the Scenar Health USA office.
- Product(s) must be returned to 2620 Regatta Drive Suite 102, Las Vegas, NV 89128
- All products must be returned in the original packaging.
- Customer is responsible for their own proof of delivery.
- If the faulty product is returned to Scenar Health USA but no fault is found after testing, then the Customer is responsible for paying an inspection fee of \$85.00.
- If the fault is due to misuse of the product and not a manufacturers error, the cost of the repair will be billed to the Customer.
- If the product is found defective and is under warranty, Scenar Health USA will pay for the return shipping. Customer is responsible for the shipping to Scenar Health USA.
- If the fault is due to misuse of the product and not a manufacturers error, the cost of the repair.

I understand and accept the conditions of the return:

Customer signature: _____