



## RETURN AUTHORIZATION REQUEST FORM

CUSTOMER SERVICE DEPT. TEL NUMBER: (909) 930-1377 / FAX NUMBER: (866)239-4399

Email: [warranty@imagedynamicsusa.net](mailto:warranty@imagedynamicsusa.net)      CREDIT (Direct Accounts Only)      EXCHANGE

Dealer: \_\_\_\_\_

Account No: \_\_\_\_\_ LEAVE BLANK FOR CONSUMER RETURN

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number / Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ RA#: \_\_\_\_\_ Internal Use Only

REC

Model #	Serial #	Specific Description of Problem* <i>*(Failure to complete will mean denial of RA)</i>

ONCE AN RA# HAS BEEN ISSUED PLEASE RETURN ALL DEFECTIVE PRODUCTS TO:  
Image Dynamics U.S.A., INC. – 2133 S. GREEN PRIVADO – ONTARIO, CA 91761  
PLEASE WRITE THE RA# ON ALL ADDRESS LABELS AND EACH CARTON(S) PRIOR TO SHIPPING