

ATTENTION CUSTOMER: Please fax this form to NAI at the fax number below to obtain a Return Authorization number.
 Fax To: NORTH AMERICAN IMAGING, Customer Service Return Dept. -Fax: 805-383-2212 -Phone: 805-383-2200

TV CAMERA TUBE SERVICE REPORT

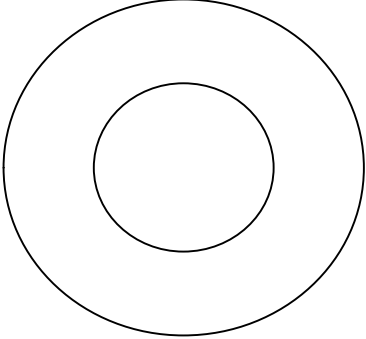
Date: _____ Attention: _____ Return Authorization
 Number: _____

In order to expedite your return, please fill out this form completely. This will enable our Quality Department to make a complete evaluation of the reported problem. After our evaluation is complete, we will advise you of our findings.
WARRANTY ADJUSTMENTS WILL NOT BE POSSIBLE UNLESS THIS TUBE SERVICE REPORT IS COMPLETELY FILLED IN AND RETURNED WITH THE CORRECT TUBE AND AN AUTHORIZATION NUMBER THAT HAS BEEN PROVIDED.

TV CAMERA TUBE RETURN AUTHORIZATION REQUEST

Serial Number: _____ Tube Type: _____
 Return Authorization Number: _____ Warranty Date: _____
 Date Installed: _____ Date found inoperative: _____
 Camera Model: _____ Total filament hours: _____

Reason for returning tube (Please give as much information possible):

Reason:	Blemish Spots:
	

REPLACEMENT TUBE INFORMATION – IMPORTANT-PLEASE FILL OUT COMPLETELY!

Replacement Tube: Insert Model _____ Serial Number: _____

Replacement PO Number: _____ Additional comments: _____

Person Filing Report: _____
 Please print Name Telephone Fax Number E-Mail Address

Dealer/OEM Name: _____

Address: _____

City/State/Zip/Country: _____

PLEASE SHIP RETURNS TO:
 North American Imaging, Inc. 924 Via Alondra Camarillo, CA USA 93012

**CS005 Revision C
 DCN # 0080**