

Please find attached two separate RMA forms.

The **main form** has your **RMA number** in the top right corner.

Please read both forms carefully and send both forms back to MedTrak VNG, Inc., by fax or email, prior to shipping.

Remember to place a copy of the **main form** in the shipping box along with the equipment you are sending in for repair.

It is important for you to **describe the problem** you are having with your VNG, directly on this form.

Please also place the RMA number on the shipping label or on the outside of the shipping box.

Items needed for repair:

Please return the entire system including the VNG computer.

Please remember to include both the computer power supply and any passwords to open the computer and please remember to include the VNG power supply.

If you have any questions please call me personally.

Scott Auerbach, President

MedTrak VNG, Inc.

Scottpt3@aol.com or

Scott@medtrakvng.com

347-742-4100



REPAIR MAINTENANCE AUTHORIZATION FORM (RMA)

OUR REPAIR SHIP TO ADDRESS:

MEDTRAK VNG, INC.
Att: SCOTT AUERBACH
1372 RIVER SPEY AVE
HENDERSON, NV 89012
347-742-4100

MedTrak VNG use only

Your Authorized RMA Number:

400_____

Authorized by: _____ Date: _____

RMA Procedure:

- 1) Fill out this form completely and fax or Email to MedTrak VNG, Inc. at:
Fax #: 718-228-7797 or Email: scott@medtrakvng.com.
- 2) Pack the equipment appropriately and enclose a copy of the RMA form with the RMA # on the form-top right.
- 3) Be sure to place the RMA number on your shipping label or on the outside of the shipping box.
- 4) Return the equipment, as you were instructed, to the address listed **on this form only (top left)**.
- 5) Issued RMA numbers are only good for 30 days.

Please fill out your information:

Contact Person _____ Phone _____ Distributor _____

Main Physician's Name _____ Date of Purchase _____

Return Address:

Name of Facility: _____

Ship to: Street Address _____ City/state/zip _____

Phone # _____ Fax # _____ Email address _____

Serial Numbers (on silver label):

Goggles _____ Interface Box _____ VORT Receiver _____

Interface Power Supply _____ Computer (Make/Serial #) _____

Describe issue/problem: _____

I have read and understand all of the above RMA Procedures:

Your Signature Print your name Date

MedTrak VNG Fax #: 718-228-7797

MedTrak VNG Email: scott@medtrakvng.com



DIAGNOSTIC / REPAIR PAYMENT AUTHORIZATION FORM
Agreement to General Terms and Conditions for Issuance of RMA

General Terms and Conditions:

- 1) Fill out this form completely and fax or Email to MedTrak VNG, Inc. at:
Fax #: 718-228-7797 or Email: scott@medtrakvng.com
- 2) MedTrak VNG, Inc. reserves the right to refuse any shipment which does not comply with the RMA procedures.
- 3) If equipment arrives damaged by shipping, tampered with or modified in any way, it will be returned as delivered.
- 4) If equipment arrives and does not match our serial number database, it will be returned.
- 5) RMA numbers are valid for 30 days from the date of issue.
- 6) MedTrak VNG, Inc. does NOT pay for shipping costs in either direction.
- 7) The sender hereby agrees and authorizes MedTrak VNG, Inc. to charge their credit card for the cost of return shipping and diagnostic labor as follows:
 - a) Express shipping costs required to return the equipment to sender: NOT to exceed \$200 unless authorized by sender.
 - b) Troubleshooting, handling and diagnostic labor. This charge will be \$500 **No labor charge during warranty periods**
- 8) Additional charges will need to be authorized by the sender once MedTrak VNG, Inc. has determined the repair costs.

Please fill out your information:

Main Physician Name _____ Facility Name: _____

Contact Person _____ Phone _____ Fax # _____

Email address _____

PAYMENT INFORMATION:

Credit Card Type _____ Credit Card # _____

Expiration Date _____ Security Code _____

Name on this credit card: _____

Address for this Credit Card: _____

I have read and understand all of the above General Terms and Conditions and authorize MedTrak VNG, Inc. to bill my credit card as described in section 7 (a) and (b) above.

Card Holder Signature

Print Name

Date

MedTrak VNG Fax #: 718-228-7797

MedTrak VNG Email: scott@medtrakvng.com

OUR REPAIR SHIP TO ADDRESS:

MEDTRAK VNG, INC.
Att: SCOTT AUERBACH
1372 RIVER SPEY AVE
HENDERSON, NV 89012

MedTrak VNG use only
Your Authorized RMA Number:
400

Authorized by: SA Date: