



RMA REQUEST FORM

3714 Alliance Dr., Ste 100 • Greensboro, NC 27407 • Tel (336) 288-1613 • Fax (212) 656-1499 • support@jorlink.com

Date of Request: ____/____/20__ Jorlink's Invoice #: _____ Invoice Date: ____/____/20__

Company: _____ Contact: _____

Address: _____

City: _____ State _____ Zip Code: _____

Tel #: (____) _____ E-Mail: _____

Request For: Request for Warranty Repairs Out Of Warranty Repairs Request for Credit (See terms below)

Product Being Returned: _____ Serial No.: _____

What is the exact problem with the product?

I agree to the following terms and conditions of Page 1 & 2 _____
Customers Authorized Signature

This FORM must be filled out and [emailed to support@jorlink.com](mailto:support@jorlink.com). Please return the defective unit with this form (Form- Repairs- Check-In List with machine, cables, power unit and a sample of problem) with the following information on the shipping label:

Jorlink USA, Inc. \ Case#: _____
3714 Alliance Dr., Ste 100 \ Greensboro, NC 27407

Credit Card Type And Number:	<input type="checkbox"/> Visa, <input type="checkbox"/> Master Card, <input type="checkbox"/> AMEX, <input type="checkbox"/> Discover, <input type="checkbox"/> Check #:	
	#:	Exp. Date:
Name On Card:		
Billing Address:		
Security Code on Card (SIC#)		Amounts to be Billed [

INTENAL USE ONLY - To be completed by Manufacturer & Jorlink's Repair Dept.

Manufacturer Approves Warranty: Yes | NO Approved by (Manufacturer): _____

Manufacturer's Recorded Expiration Date: ____/____/____

Jorlink Tech: _____ Replacement Unit Shipped? Yes No Jorlink Credit Account? Yes No

Manufacturer's WCF #: _____

Shipped Via: _____, Arrival Date: _____, Expected Return Date: _____ Rev. 01/31/25MQ

WARRANTY POLICY:

Please refer to the manufacturers warranty information or card. All warranty work will be between client and manufacturer, Jorlink can provide diagnostics reports for client to place claim. Jorlink will bill for all labor and parts to client.

OUT OF WARRANTY POLICY:

*** IF YOUR EQUIPMENT IS NOT COVERED UNDER WARRANTY, PLEASE PROVIDE US WITH CREDIT CARD INFORMATION FOR BILLING OF REPAIRS. FILL OUT CREDIT CARD AUTHORIZATION FORM ABOVE TO AVOID ANY DELAYS.**

Jorlink's RMA Policy:

Any non-defective returns will be assigned a 25% restocking fee. All merchandise must be returned in the original Manufacturer's packaging and include all packing, documentation, manuals and cables, etc. Any returns missing these Items will be invoiced. No credit will be given for consumables that are used with equipment. No product will be given an RMA after 5 days of invoice. After 5 days return of product needs to be handled by the manufacturer. If equipment or supply is defective, Jorlink reserves the right to replace/repair or issue and RMA at our discretion. **For out of warranty repairs, a minimum inspection charge of three (3) Hours will be billed if machine is not able to be repaired or if customer decides not to proceed with repairs.** Please call customer service at (336) 288-1613 to determine if this is the case and refer to the back of your invoice for details.

Note: Shipping is not credited on non-DOA items.

Limited Repair Warranty & Statements

1) It is agreed and understood that title to all materials listed on the invoice shall remain the property of Jorlink until payment is received in full of purchase price. Buyer agrees that product may be repossessed at seller's option upon default of payment terms. A finance charge of 1.5% per month which is 18% per year will be charged on all past due invoices.

2) Limited Warranty Period for out of warranty repairs: 120 days on parts and labor only, from the date of delivery (Does not include freight or consumable parts).

3) Limited Warranty Period for manufacturer's warranty repairs will be the remaining balance on the manufacturer's warranty.

4) In the event that the repaired item does not work after customer receives it, customer is responsible for inbound freight back to Jorlink for inspection\repairs. Jorlink will pay for outbound ground within the USA if problem is found to be from previous repairs. We will not cover cost of repairs or freight if problem is caused by other peripherals (table, PC, software, software dongles, and line conditioners) connected to repaired item.

5) Limitation of Liability: In no event will manufacturer or Jorlink be liable for any consequential or incidental damages, including any lost profits or lost savings, or for any claim by any party, even if we have been advised of such damages.

6) Conditions applied: Warranty voided if (a) system or parts have been tempered without prior approval from manufacturer, or (b) system or parts are not sold by us.

By sending in your machine you agree to the following terms and conditions of Page 1 & 2.



Repairs-Equipment Items Check-in List

Company Name: _____ Contact: _____

Machine Model: _____ Serial Number: _____ Date: _____

Client Use - Check Boxes For Parts Included	Yes	NO	Jorlink Use	
			In	Out
Hardware (Computer\Cables):				
Power Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parallel/USB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools:				
Cutters-Rotary/Type(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrenches\Other-Rotary Tools:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collets/Adapters-Rotary:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel-Rotary:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focusing Tool-Laser:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting Table-Laser:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotary Attachment-Laser:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessories\Other:				
Hoses(Vacuum/exhaust):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MultiMatt (Jigs):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT- Sample of JOB Showing Problem:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software:				
Installation/Operation CD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dongle #:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Software:			<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Client- check either appropriate boxes for items being returned or sent in with your machine for repairs.			Received by: _____	Inspected by: _____

COMPANY NAME:		Form-Repair Notes-Rev. 01.31/25MQ		
EQUIP Model & Serial#:		INVOICE#:		
Manufacturer Warranty:	SELECT ONE- [] Yes , [] No	Supervisor:		
Technician:		Date Received:		
Total Labor Hours:		Ship Date:		
CASE \ RMA #:				
		Repair Start & End Times		

REPAIR DESCRIPTION-NOTES	In	Out	SUB-TOTAL
1) <u>DIAGNOSTICS:</u>			
2)			
3)			

SUPERVISOR NOTES\PARTS: