

RMA NUMBER: _____



MYOVISION

Customer Name: _____

Phone Number: _____

Description of Problem:

List All Equipment & Serial Numbers Included in Shipment (please list cords if sent):

Equipment without serial numbers will not be serviced

Date of Last Support Call:

Shipping requirements:

Please include your business card or letterhead with contact info and the address to which you want the system returned. Package all equipment in bubble wrap with adequate space to protect equipment during shipment. Please put equipment into a plastic bag if you use Styrofoam peanuts, to keep Styrofoam from getting inside the unit. If system is improperly shipped it will be returned at your cost without any diagnosis.

_____ **Initials of shipper**

Address to ship properly packaged equipment to for diagnosis:

MyoVision

Attn: Repairs

4259 23rd Ave W #400

Seattle, WA 98119

(800) 969-6961 or (206) 357-6508

Diagnostic fee: \$189.00 and includes return GROUND shipment, express shipment is available upon request and at cost. The diagnostic fee may be applied to repair cost or towards a system upgrade. Systems will not be diagnosed until payment has been received. You may include a check in the shipment, or may pay via VISA or MASTERCARD by phone: (206) 357-6508, fax: (206) 357-6458 or email: cs@myovision.com.

VISA or MC # _____ **Exp:** _____ **CVC:** _____

Print name as appears on card: _____

Signature: _____