



Warranty & Technical Support Request Form

Please return to FAX number : (562) 926-8433 Attn: RMA Department

PLEASE NOTE THIS IS NOT A CREDIT REQUEST OR EXCHANGE FORM. THIS FORM IS FOR WARRANTY SERVICE ONLY. PLEASE CONTACT YOUR POINT OF SALE FOR RETURN FOR CREDIT OR EXCHANGE INSTRUCTIONS.

- 1. Please Completely fill out this form (include Model# and Serial #)
- 2. Failure to provide this information will result in a denied warranty claim.
- 3. Please attach a copy of proof of purchase (Form will not submit if proof of purchase is not attached)

* Fields are mandatory

Company Name _____

First Name* _____ Last Name* _____

Phone (Home)* _____ Phone (Work) _____

Phone (Cell) _____ Fax _____

Email* _____

Location

Street* _____

City* _____ State/Province* _____

Postal Code* _____ Country _____

Purchase Information

Date Of Purchase* _____ Where did you purchase?
(company name)* _____

Dealer Phone _____ Invoice # _____

Model #* (Located on sticker at screen case end cap or packaging box) _____

Serial #* (Located on sticker at screen case end cap or packaging box) _____

Version # (2.0 1.4-1 1.4 1.3 1.2 Other)

Tell us about the projector that you are using with the screens

Projector Make* _____ Projector Model* _____

Problems

Problem* (No Power Missing Part Screen Material Product Function Problem Shipping Damage Other)

Description of the Problem / Question*

Please attach a copy of proof of purchase (Form will not submit if proof of purchase is not attached)