



SECURITY HEADQUARTERS
SECURITY SURVEILLANCE SYSTEMS

RMA REQUEST FORM

RMA #

APPROVED BY

REQUEST DATE		PHONE 1		PHONE 2	
COMPANY NAME		FAX		MOBILE	
REQUESTED BY		E-MAIL			
ADDRESS		CITY		STATE	ZIP

INVOICE #	INV. DATE	MODEL NUMBER	SERIAL NUMBER	DESCRIPTION OF PROBLEM

PLEASE CHECK ONE **WARRANTY REPAIR** **OUT OF WARRANTY REPAIR** **OTHER**

PLEASE WRITE YOUR RMA # AND COMPANY NAME ON THE OUTSIDE OF THE BOX EMAIL COMPLETED FORM TO SUPPORT@SHOUSA.COM

SHOUSA USE ONLY DO NOT FILL OUT HERE	DATE	TECHNICIAN	JOBS PERFORMED