



RMA Request Form

For All Products Return

Ship to: DSS, Inc. Return Department
3817 Crosswicks Hamilton Sq Road Suite 147
Hamilton, NJ 08691

Tel: 1.888.467.8812

Fax: 1.609.431.0932

Email: RMA@dss-cctv

Important RMA Return Procedures

1. Must complete the RMA Form with all detail of return information as list below.
2. RMA Number is valid for 15 days from the date of issue
3. RMA Number must be marked on the outside of the RMA return package or will be rejected.
4. Except DOA or Cerdit or Special Order returns, **Do Not Include Any Accessories or Manual with return shipments.**

* Company _____ Account No. _____ * Contact _____
* Return Address: _____
* City _____ * State _____ * Zipcode _____ * Date Submit _____
* Phone _____ Fax _____ Email Address _____
* Required

Qty	Model Number	Serial Number	Reason of Return

Special Notes: