



RETURN AUTHORIZATION NUMBER REQUEST FORM

Date: ____ / ____ / ____

HAI RA # _____

Company Name: _____

Point of Contact (POC): _____

Address: _____ POC Phone: _____

POC Fax: _____

Service: ____ Normal ____ Expedited (\$55.00) Return Method: ____ Ground (no charge)

Shipping and handling charges apply: ____ 2nd Day Shipping ____ Next Day Shipping

HAI Part #: _____ HAI Serial Number: _____

Date Code: _____ Description: _____

Reason for Return: _____

HAI Part #: _____ HAI Serial Number: _____

Date Code: _____ Description: _____

Reason for Return: _____

HAI Part #: _____ HAI Serial Number: _____

Date Code: _____ Description: _____

Reason for Return: _____

Please fill in completely and fax to HAI. We will validate information and issue a return authorization number, by fax, within 8 working hours after we receive the form.

Home Automation, Inc.
4330 Michoud Blvd.
New Orleans, LA 70129

PHONE: 504-736-9810 Ext. 3
FAX: 504-253-2958