



SERVICE & SUPPORT INFORMATION

StockBridge Industries, Inc. - Service & Support Department
 1333 Highland Road
 Stillwater, MN 55082
 Tel: 651-275-0401 Fax: 651-275-0402

Please print and fax, or email this as an attachment to: support@stockbridgecorp.com

Company _____	Product Needing Service/Support :	
Site Designation _____	<input type="checkbox"/> Electronic Lock	<input type="checkbox"/> Mech. Release
Contact Name _____	<input type="checkbox"/> Software	<input type="checkbox"/> Universal Plate
Address 1 _____	SB or ELA # located on back or side of product AFTER 4/1/03:	
Address 2 _____	E L A - _____	
City _____	Complete for products purchased BEFORE 4/01/03 (Kaba Only):	
State _____ Zip _____	Electronic Lock: <input type="checkbox"/> Assembly <input type="checkbox"/> Unassembled	
Phone _____	Housing: <input type="checkbox"/> Round <input type="checkbox"/> Vertical <input type="checkbox"/> Other	
Fax _____	Serial Number: (17 digit, alpha numerical, located on back of lock)	
Email _____	S/N _____	ARM

Description of Failure: _____

Terms and Conditions:

- 1) The Service & Support Department must be contacted before an RMA number can be issued or Delivery/On-Site scheduled.
- 2) RMA's are valid for a period of 30 days. Any RMA goods received after the expiration date will be refused.
- 3) RMA's must be clearly marked on the outside of each package to expedite and assure a quick and efficient response.
- 4) All products must be properly packaged for shipment to ensure safe arrival. Damaged goods are not StockBridge responsibility.
- 5) A copy of this RMA Form must accompany the product with RMA # issued by StockBridge.
- 6) Software may only be exchanged for defective disks.
- 7) On-Site and Out of Warranty service must include a purchase order number of locks price per unit.

I Agree to above terms
 Customer Signature _____ Date _____

Purchase Order (signature required for all out of warranty service) PO# _____

Below Information is for StockBridge Internal Use Only

Date Issued _____ RMA # _____ Ref # _____

Product Receipt	Programming Codes	Test Results
Date Rcvd: _____	Factory Settings? <input type="checkbox"/> No <input type="checkbox"/> Yes	Power up <input type="checkbox"/> No <input type="checkbox"/> Yes
Units Rcvd: _____	If no, modified codes:	Correct Timing <input type="checkbox"/> No <input type="checkbox"/> Yes
Insp Date _____	Super Master Code _____	Binding Issues <input type="checkbox"/> No <input type="checkbox"/> Yes
Visible Damage <input type="checkbox"/> No <input type="checkbox"/> Yes	Master Code _____	Accept Codes <input type="checkbox"/> No <input type="checkbox"/> Yes
Technician _____	User 01 Code _____	SL Accepted <input type="checkbox"/> No <input type="checkbox"/> Yes

Notes: _____

Disposition of Material: Returned To Customer Defective Material Disposed

Next Action: _____