



**DEFECTIVE ON ARRIVAL CERTIFICATION**

RMA NUMBER: \_\_\_\_\_ (For Internal use only)      DATE ISSUED: \_\_\_\_\_

**RESELLER/CUSTOMER INFORMATION**

Name:
Address:
Contact Name
Contact Phone Number:
Contact Email:

**PRODUCT INFORMATION**

Description:
Polycom Part Number:
Serial Number:

**CUSTOMER SHIP TO INFORMATION:**

Customer Name:	Phone Number:
Address:	
Customer Contact Email Address:	
Date Purchased (if known)	
Date Received (if Known):	
Date of Install/Failure:	
<b>Describe Failure:</b>	

**The above described product has been found to be defective and is being returned to Polycom under the above RMA Number. I do hereby certify that the product specified above failed to function at the time of installation and was never used for its intended purpose.**

\_\_\_\_\_  
Print Name/Title/Organization

\_\_\_\_\_  
Date

**\*All fields are required, unless otherwise noted.**

Please email this form to [doacertificate@polycom.com](mailto:doacertificate@polycom.com). A copy of this form should also be included with your shipment of the faulty product to Polycom. For the complete Polycom RMA policy, please visit us online at [http://support.polycom.com/PolycomService/html/rma/forms/doa\\_policy.pdf](http://support.polycom.com/PolycomService/html/rma/forms/doa_policy.pdf)

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