Office Use Only

Return Merchandise Authorization (RMA) Request Form

Please fill out this form completely. See page 2 for detailed instructions regarding correct procedures for packing machines for shipping.

Please email this completed form to **service@framon.com**. Once completed and emailed you can ship your machine.

Contact Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Order/Invoice #: _____

Product Return Information

Product Name: _____ Serial Number: _____

Please be sure to indicate the machine model, if available (i.e. 3D Pro, 3D Pro XL, Xtreme, Xtreme S, Xtreme S2, etc.)

Reason for return:

Ship Product To

Raquel Salazar
2231 Center St Suite B
PMB #223
Deer Park, TX 77536

Please provide detailed comments related to your return so we can complete your request. Missing information can delay processing of your RMA.

ATTENTION

If the machine is received and the issues reported cannot be duplicated, additional charges may be incurred. Please take time to work with our technical support team before sending in your machine. This is applicable in warranty situations as well.

Machine Repair Agreement Form

Machine Preparation and Shipping Requirements

The following steps must be completed for any machines being shipped for repair. Failure to complete these steps may result in, but not limited to, the following; Damage to machines during shipping, refusal to accept package(s), refusal to repair or provide service regarding the shipped products, additional cost of repair.

LKP by Framon is not responsible, and can not be held liable, for any damages or loss which occur during shipping.

Additional insurance can be added for coverage of your machine in case of damage or loss.

Steps:

1. Clean the machine thoroughly. If a machine is received with excess shavings or other debris, additional charges will be incurred.

2. Remove the High Security Cutter or Stylus from the machine and tighten collet until snug.

3. Tighten the clamp on both Jaw 1 & 2 until fully closed.

a. Note: If you own a machine from the 3DPro family, please include both jaws in package.

4. Please move the tables and head unit into packaging mode. To do this, please follow the directions listed below.

a. If you have a machine from the 3DPro family, move the lower table (Y axis) inwards into the machine by entering in 1900 next to the Y axis button located in the lower right hand corner of the software. You will then move the head unit (Z axis) downwards by entering in 800 next to the Z axis button located in the lower right hand corner of the software.

b. If you have a machine from the Xtreme family, move the lower table (Y axis) inwards into the machine by entering in 2100 next to the Y axis button located in the lower right hand corner of the software. You will then move the head unit (Z axis) downwards by entering in 900 next to the Z axis button located in the lower right hand corner of the software.

NOTE: If you are using the tablet software, this is located under the Settings tab, then under Diagnostic Settings. Input the value and click Move Table.

5. Package the machine, jaw assembly and any other required parts in the original box. If you do not have one, you may request for one in the “Reason for Return” box.

6. DO NOT include any cutters, extra adapters, cables, etc. unless required by the technical support agent that you spoke with. This helps us by keeping your inventory to a minimum.

By signing this Machine Repair Agreement, you agree to the following; All terms and conditions outlined previously, Pay the cost of labor, pay the cost of any replacement parts not to exceed $300. If the total cost of the repairs (not including cost of labor) exceed $550, you will be contacted via phone call or email with a quotation. Any machine not paid for within 30 days becomes property of LKP by Framon .

☐ **Yes, I would like insurance coverage on shipping.** ☐ **No, I do not want insurance coverage on shipping.**

Customer Signature: _____ Date: _____

Company Name: _____ Serial Number: _____