

Mammut Barryvox Service Form (North America)



MAMMUT

Instructions for returning Barryvox Transceivers:

*Please contact Mammut for a Return Authorization #. The RA# must be indicated on this form and on the outside of the package. Returns sent in without an RA# may be refused.

email: info@mammutusa.com **RA#** _____
phone: 1-800-451-5127 ext.1

*Fill out the form below with your product description, reason for return, and contact information.

*Pack your transceiver(s) securely. **DO NOT INCLUDE** batteries, harnesses, instructions, etc.

*Include one copy of this form for each transceiver returned.

*There is a 5 year warranty on all Barryvox transceivers. Please include your purchase receipt. If the receipt is not included, the warranty expiration date will be determined using data stored in the device. This may result in a warranty period of less than 5 years from your purchase date.

*Send your transceiver(s) to the address provided by the customer service representative.

****Please allow 15 business days for processing.**

****To minimize processing time please use Expedited Courier Service.**

Transceiver model: **Opto 3000** (translucent red) _____ **PULSE** _____

Serial# (located below the barcode on the sticker in the battery compartment) _____

Please indicate the reason for the return. Any problems will be evaluated for warranty coverage. If it is not covered by warranty, we offer repairs/replacements according to the pricing schedule below.

Opto 3000:

Functional Test (recommended every 3 years, includes small parts replacement)- \$30
Replacement required due to damage during warranty period (replaced with Opto 3000)- \$173

PULSE:

Functional Test (recommended every 3 years, includes small parts and software update)- \$35
Replacement required due to mechanical damage during warranty period- \$120
Replacement required due to electronic damage during warranty period- \$190
Replacement required due to mechanical and electronic damage during warranty period- \$275

Please note that there is a \$10 return shipping fee for any service not covered by warranty.

Customer information:

First name _____ Last name _____

Street address (**we will not ship to a PO box**): _____

City: _____ State/Prov: _____ Zip/Postal: _____

email address: _____ Phone#: _____

Payment by Credit Card:

Card type: _____ Name on card: _____

Card number: _____ Expiration date: _____