



Steltronic Repair Traveler

Use only one form per part

Bowling Center Name and Address:

 _____ Zipcode: _____

To: Steltronic, Inc.
403 E. Arrow Highway
Suite 308
San Dimas, CA. 91773

Date Sent: _____

Required → **RMA Number:** _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Elex Lane Computer | <input type="checkbox"/> I-Retro Pinsetter Interface | <input type="checkbox"/> Wireless Intercom PCB |
| <input type="checkbox"/> Super Elex Lane Computer | <input type="checkbox"/> API (Advanced Pinsetter Interface) | <input type="checkbox"/> Wireless Lane Controller |
| <input type="checkbox"/> Vision Lane Computer | <input type="checkbox"/> CCD Camera | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Monitor RGB Chassis Board | <input type="checkbox"/> QWERTY Interface Board | <input type="checkbox"/> Other: _____ |

Defective Part Serial Number: _____ or network IP address: _____

Defective Part Model Number: _____

This is the defective part being returned for the part we received in advance (We received a pre-ship part)
 This is our defective spare part, and need it exchanged for a rebuilt part
 How should we ship your parts back to you? Air Freight Ground

Malfunction Constant Intermittent: How Often? _____

Description of problem: _____

Your Name: _____

For Steltronic Inc, & Steltronic SPA Use Only

Date Received in Ca. _____ BW Credit Memo Issued? Yes N/A

Original 2 Year Warranty Yes No

Extended Warranty Yes No

Date Received in Italy: _____ Italy Repair Fee Charged \$ _____