



## BILL VALIDATOR RMA REQUEST FORM

Please use this form to request and RMA number for the return of Bill Validators for service. It is very important to include all information so that we can properly identify the BV, understand the problem, repair and program.

Customer Name & Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Game Mfr, Part Number & Type: \_\_\_\_\_

Software ID Number: \_\_\_\_\_

Manufacturer's Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Detailed Problem Description: \_\_\_\_\_

Game Mfr, Part Number & Type: \_\_\_\_\_

Software ID Number: \_\_\_\_\_

Manufacturer's Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Detailed Problem Description: \_\_\_\_\_

Game Mfr, Part Number & Type: \_\_\_\_\_

Software ID Number: \_\_\_\_\_

Manufacturer's Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Detailed Problem Description: \_\_\_\_\_

Please fax this form to the fax number below. You will receive a RMA# and return instructions by the next business day. Please write PO# above and include PO with fax where possible. If you have any questions, please call.

Billing Address	Shipping Address
8524 Hwy 6 N, #296 · Houston, Texas 77095 Fax: 702-920-8678; Email:Casinotech@LVCM.com	2470 Chandler Ave., # 7 Las Vegas, NV 89120; Tel: 702-736-8472