

INSTRUCTIONS		NI PROCESSING INSTRUCTIONS		
To receive your Compact Vision Upgrade 1. Print this form. 2. Fill it out completely. 3. Fax the completed form to (512) 683-7788 4. NI will respond within 8 business hours		Take this form to an RMA Coordinator 1. Login to www.ni.com/info 2. Enter <code>rdevpi</code> 3. Follow the steps to enter the RMA		
CUSTOMER INFORMATION				
Shipping Information First Name: Last Name: Company: Street Address 1: Street Address 2: City: State: Zip: Country: Phone: Email:		Billing Information <input type="checkbox"/> Billing information same as shipping Name: Company: Street Address 1: Street Address 2: City: State: Zip: Country:		
Response Preference Email <input type="checkbox"/> Fax <input type="checkbox"/> _____				
COMPACT VISION SYSTEM INFORMATION				
Serial Number(s) (to be serviced):				
PAYMENT INFORMATION				
Service Description	Part No.	# of Units	Unit Cost	Total
CVS-1454 Flash Upgrade (inbound shipping paid by customer, outbound shipping paid by NI)	960130-01		\$149.00	
Grand Total (Tax may be added if applicable)				
Payment method <input type="checkbox"/> Purchase Order: _____ (please attach a copy of PO when faxing) <input type="checkbox"/> Credit Card: Visa/Mastercard/American Express – an NI representative will contact you to complete this transaction				