

INSTRUCTIONS		NI PROCESSING INSTRUCTIONS		
To receive your Compact Vision Upgrade 1. Print this form. 2. Fill it out completely. 3. Fax to your local branch office (visit ni.com/niglobal for more information) 4. NI will respond within 8 business hours		Take this form to the Service CSRs 1. Login to www.ni.com/info 2. Enter rdcvpi 3. Follow the steps to enter the RMA		
CUSTOMER INFORMATION				
Shipping Information First Name: Last Name: Company: Street Address 1: Street Address 2: City: Province\County: Postal Code: Country: Phone: Email: Response Preference Email <input type="checkbox"/> Fax <input type="checkbox"/> _____		Billing Information <input type="checkbox"/> Billing information same as shipping Name: Company: Street Address 1: Street Address 2: City: Province\County: Postal Code: Country:		
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	
Grand Total (VAT may be added if applicable)				
Purchase Order: _____ (please attach a copy of PO when faxing)				