



videomax CORPORATION
 154 SAN LAZARO AVENUE
 SUNNYVALE, CALIFORNIA 94086
 (408) 739-5391

VIDEO HEAD ASSEMBLY

CUSTOMER NOTICE: SAVE THIS FORM AND PACKAGING FOR RETURNING HEAD ASSEMBLY TO VIDEO MAX WHEN REFURBISHING OR REPLACEMENT IS REQUIRED.

REFURBISHING ORDER

No.

SALES MAN		SALES TAX YES NO		SALES ORDER DATE		SALES ORDER NO.	
OFFICE	TERMS			INVOICE DATE	GOVERNMENT PRIORITY	GOVERNMENT CONTRACT NO.	
F.O.B. POINT				DATE SHIPPED		SHIPPED VIA	

SHIPMENT DESCRIPTION

VIDEOMAX SALES ORDER NO.		CUSTOMER PURCHASE ORDER NUMBER		QUANTITY		ITEM		"L" SERIES <input type="checkbox"/>
SHIP TO				1 REFURBISHED VIDEO HEAD ASSEMBLY				"M" SERIES <input type="checkbox"/>
ATTN. OF				PART NO.	SERIAL NO.	CERTIFICATION NO.	MIN. TIP PROJ.	OTHER _____
				VIDEOMAX SALES ORDER NO.		CUSTOMER PURCHASE ORDER NUMBER		MILS
				DATE	THIS SHIPMENT REPLACES:		SERIAL NO. CERTIFICATION NO.	

RETURN HEAD TO:

(IF DIFFERENT ADDRESS THAN ABOVE)

INVOICE TO:

(IF DIFFERENT ADDRESS THAN ABOVE)

TO ARRANGE FOR REBUILDING OF THIS VIDEO HEAD ASSEMBLY, COMPLETE THE FOLLOWING:

1. Fill out this form within the heavy margin.
2. Match the serial number of the head being returned for replacement or refurbishing with the serial number shown on this form.
3. Have purchasing representative sign, date and assign purchase order number.
4. If TRACK WIDTH CONVERSION is required, please indicate in the box provided below.
5. Separate Customer Copy for your files.
6. Place remaining copies of this form in the shipping case with the video head assembly, seal the case with the wire seal provided and ship to:

VIDEOMAX CORPORATION
 154 SAN LAZARO AVE.
 SUNNYVALE, CALIF. 94086

PURCHASING AUTHORITY

CUSTOMER PURCHASE ORDER NO.

PURCHASE ORDER DATE

SIGNATURE _____

TITLE _____

IMPORTANT

TO INSURE PROMPT SERVICE, FOLLOW THE ABOVE INSTRUCTIONS.

NOTE: THE ACCOMPANYING VIDEO HEAD ASSEMBLY IS SUBJECT TO THE "POLICY AND WARRANTY" ON THE BACK OF THIS FORM. NO ADDITIONAL CHARGE WILL BE MADE FOR TRACK WIDTH CONVERSION.

TECHNICAL INFORMATION AND APPROVAL

REASON FOR RETURN

- LOW TIP PROJECTION OTHER-PLEASE DESCRIBE BELOW

RUNNING METER READINGS

START FINISH OPERATING HRS.

TOTAL OPERATING HOURS →

FINAL TIP PROJECTION → MAX. MIN. MILS MILS

TYPE HEAD ASSEMBLY REQUESTED

SERIES "L" "M"

TRACK WIDTH CONVERSION REQUESTED:

CONVERSION NOT REQUESTED CONVERT TO 5 MIL CONVERT TO 10 MIL

OTHER _____

SIGNATURE _____

TITLE _____

DATE _____

DATE RECEIVED	RECEIVED BY:	PREPAID <input type="checkbox"/>	NO:
		COLLECT <input type="checkbox"/>	



VIDEOMAGNETICS, INC.

VIDEO HEAD ASSEMBLY REFURBISHING ORDER

155 SAN LAZARO AVENUE • SUNNYVALE, CALIFORNIA 94086 • (408) 737-8300

Firm:
Address:
.....
Attention:
Phone:(.....)

- RCA** Low Band Air Bearing
 High Band Ball Bearing
- AMPEX** MK III Air Bearing
 MK X Ball Bearing
 MK XV

The accompanying Video Head Assembly, Serial No.:, Certification No.:, is in warranty
 not in warranty and is certified to have had hours of service. Tip Projection is mils.
 The mode of failure was:

I certify the above data, signed: Title: Date:

IMPORTANT

TO INSURE PROMPT SERVICE, FOLLOW THESE INSTRUCTIONS:

1. Fill out this form completely.
2. Match Serial Number of Video Head Assembly with Serial Number on this form.
3. Please indicate below, which Configuration, Track Width, etc., you desire.
4. Have Purchasing Representative sign, date, and assign purchase order number.
5. Remove Customer Copy from this form for your files.
6. Place remaining copies of this form into the Shipping Case, together with the Video Head Assembly and seal box catch securely.

SHIP TO: VIDEOMAGNETICS, INC. • 155 SAN LAZARO AVENUE • SUNNYVALE, CA 94086

I want this Video Head Assembly refurbished to the following configuration:
(Additional charges will be made for Track Width other than 10 mil)

TRACK WIDTH		WARRANTY		AMPEX USERS ONLY	
				PRE-AMP	ROTARY TRANSFORMER
<input type="checkbox"/> 5 mil	<input type="checkbox"/> 1000 hours	<input type="checkbox"/> Trim Pot	<input type="checkbox"/> VMI Radial	<input type="checkbox"/> Nuvistor	<input type="checkbox"/> Standard
<input type="checkbox"/> 10 mil (STANDARD)	<input type="checkbox"/> 500 hours	<input type="checkbox"/> Transistor			
<input type="checkbox"/> 15 mil	<input type="checkbox"/> 200 hours (STANDARD)				

If Video Head Assembly requires repainting, I prefer:
 Brown Blue Black No Preference

Your Video Head Assembly Shipping Case will be refurbished as standard practice. I prefer:
 VMI-Blue (STANDARD) Brown Natural (No Paint)

Special Instructions:

NOTE: Please refer to attached Price List for charges

I authorize the above work to bring this Video Head Assembly into the configuration required and to conform with the Special Instructions indicated above. I certify that I have read the terms and conditions appearing on the reverse side of this form.

Signed: Title: P.O.#: Date:

S.O.#:

J.O.#:

18-2250



	spin physics, inc. 11633 sorrento valley road san diego, ca 92121 telephone: (714) 453-5410 TWX 910 322-1737
	Customer Notice: <u>SAVE THIS FORM AND PACKAGING FOR RETURNING HEAD ASSEMBLY TO SPIN PHYSICS WHEN SERVICE OR REFURBISHMENT IS REQUIRED.</u>

**VIDEO HEAD ASSEMBLY
REFURBISHING ORDER**

NO. **Q 2719**

SHIPMENT INFORMATION

SPIN PHYSICS Sales Order No. _____		CUSTOMER Purchase Order No. _____		Part Number/Description _____	
SHIP TO: _____			The remaining hours of warranty on this head are: _____		Serial No. (See #2 below) _____
ATTN: _____					This shipment replaces Serial No.: _____
Date Shipped:	Shipment No.:	No. of Pkg.:	Weight:	Shipped Via:	Waybill No.:

ORDER INFORMATION

RETURN HEAD TO: _____ INVOICE TO: _____	To expedite service or refurbishment, please follow the instructions listed below: 1. To insure correct shipment and invoicing, please complete all blocks contained within the heavy margin. 2. Be sure the serial number of the head being returned matches the serial number shown above. 3. If unit is being returned for refurbishment, please have purchasing authority provide additional information requested, assign and date Purchase Order number, and sign below. If you wish to use your own Purchase Order form, please sign and attach this form to it. The terms and conditions of this order (see back of this form) exclude those in your own Purchase Order. 4. Retain customer copy for your files and return remaining copies of this form with the shipment.
This unit is being returned for In-Warranty service or replacement Yes _____ No _____	If unit is being returned for In-Warranty service, please describe the problem as completely as possible: _____ _____ _____ _____ _____ _____ Name: _____ Phone: _____
Operating Hours: Previous _____ Current _____	Purchasing Authority Signature _____ Title _____
Customer Purchase Order: _____ Purchase Order Date: _____	

1st order RCA
\$ 1950.00
JD

FOR SPIN PHYSICS USE

Salesman No.	Market Code	Customer Code	Sales Tax	Insp. Point	DD250 Req.	GBL	Comm <input type="checkbox"/>	Collect <input type="checkbox"/>
							Military <input type="checkbox"/>	Prepaid <input type="checkbox"/>
							Export <input type="checkbox"/>	COD <input type="checkbox"/>
Date Received	Received By		Prepaid <input type="checkbox"/>		Remarks:			
			Collect <input type="checkbox"/>					

ORIGINAL



CMC TECHNOLOGY CORPORATION
2650 Lafayette Street • Santa Clara, CA 95050-2604
(408) 980-9800 Telex 176-997

CUSTOMER NOTICE: Save this form and packaging for returning Head Assembly to CMCT when refurbishing or replacement is required.

VIDEO HEAD ASSEMBLY REFURBISHING ORDER

GOVERNMENT CONTRACT NO.		SHIPPED VIA		DATE SHIPPED	
SHIPMENT DESCRIPTION					
SALESMAN		CMCT SALES ORDER NO.		REFURBISHED VIDEO HEAD ASSEMBLY	
SHIP TO:		PART NO.		S/N	TIP PROJ. MILS
		CMCT SALES ORDER NO.		PURCHASE ORDER NO.	
		DATE		THIS SHIPMENT REPLACES: S/N	The remaining hours of warranty on this head are: SERIES "XPL" <input type="checkbox"/> SERIES "S" <input type="checkbox"/>
ATTN:		TO ARRANGE FOR REBUILDING OF THIS VIDEO HEAD ASSEMBLY, COMPLETE FOLLOWING:			
INVOICE TO:		<ol style="list-style-type: none"> 1. Check HEAD Serial Number (S/N) to make sure it matches the Serial Number (S/N) above. 2. Have PURCHASING AUTHORITY assign Purchase Order Number and sign this form. If you wish to use your own Purchase Order Form, please attach this form to it. 3. If head conversion is required, please indicate in the box provided below. 4. Retain Customer Copy for your file. 			
PURCHASING AUTHORITY		DATE REQUIRED		CUSTOMER PURCHASE ORDER NO.	PURCHASE ORDER DATE

SIGNATURE: _____ TITLE: _____ PHONE: _____

TECHNICAL INFORMATION

This unit is being returned for:		TYPE HEAD ASSEMBLY REQUESTED		<input type="checkbox"/> CONVERSION NOT REQUIRED <input type="checkbox"/> CONVERT TO 5/6 MILS. <input type="checkbox"/> CONVERT TO 10 MILS.		RETURNED TIP PROJECTION	
<input type="checkbox"/> Normal Refurbishing <input type="checkbox"/> In-Warranty Service		SERIES "XPL" <input type="checkbox"/> SERIES "S" <input type="checkbox"/>				MAX. MIN. MILS MILS	
Operating Hours:		OTHER					
Previous _____							
Current _____							
TOTAL _____							
Compute remaining warranty hours by subtracting total hours from _____ hours.		SIGNATURE: _____					

CMCT RECEIVING INFORMATION

DATE RECEIVED		RECEIVED BY		PREPAID <input type="checkbox"/>		REMARKS:	
				COLLECT <input type="checkbox"/>			

TO OUR CUSTOMERS

TO INSURE PROMPT SERVICE, PLEASE FOLLOW THE ABOVE INSTRUCTIONS.

NOTE: The accompanying video head assembly is subject to the "POLICY AND WARRANTY" on the back of this form. Tip width conversion is not included in warranty, an additional charge will be made. We reserve the right to refuse Refurbishing Order for any video head assemblies which are not economical to rebuild. Abnormal refurbishing will be at a negotiated cost based on work required.

Headwheel Return Authorization (RA)

RCA | Commercial Communications Systems Division

RA 214710



You are to ship to

RCA Commercial Communications Systems Division
Building 17-1
Delaware Street
Camden, N.J., U.S.A. 08102

Attention: Headwheel Rework Program - RCA

Instructions to customer

1. All information requested in red below must be supplied by the customer
2. Remove customer copy only for your file and return remainder, **including carbons intact** with headwheel panel assembly
3. All headwheel panel assemblies must be shipped transportation prepaid

Manufacturing Information

M. I. Number

591410CA

Serial Number

4260

Current MA-P-P
Record Current Values are Approximate
Recheck Upon Installation

Head Number

1	2	3	4
<u>47</u>	<u>41</u>	<u>40</u>	<u>47</u>

Tip Projection in Mils

Head Number

1	2	3	4
<u>2.8</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>

Headwheel Information Supplied By You

Total Operating Hours VTR Type

Reason For Return: Please Explain

Trade-In For M. I. Number

Import License Number

Signature

Title

Date

Your Billing Address and Call Letters

Your Shipping Address

Panels Will Be Shipped Transportation Collect
Panels Will Be Returned To RCA Prepaid

Your Purchase Order Number:

Receiving Information

Signature

Comments

RA 214710

Date and Time Received

Repair Area

| | 17-3

| | 13-2

| | J.I.

Shipping Information

Charge

Ship Via

M. I. Number

Serial Number

Date Shipped