



Return Authorization Request

Warranty Type

Full
Parts
None

RA #

GREY BOXES ARE FOR API USE ONLY.

Contact Information

Name _____ Email _____ Phone _____

Unit Information

Model _____ Serial Number _____

Fault Description:

Return Shipping Information

Street Address _____

City _____ State _____ Zip Code _____ Country _____

IF NON-WARRANTY CUSTOMER ADVISED OF SHIPPING COST?	YES	NO
CUSTOMER REQUESTS UPGRADED RETURN SHIPPING?	YES	NO
IF NO FAULT FOUND, CUSTOMER ADVISED?	YES	NO
IF REPLACEMENT BOXES NEEDED, CUSTOMER ADVISED?	YES	NO
CUSTOMER ADVISES METHOD OF PAYMENT?	YES	NO