RMA Request Form

Requester's Information:

Name _____

Phone Number _____

E-mail Address _____

Company Information

Company Name _____

Company Address _____

_____

_____

City, State/Province _____

Postal Code, Country _____

Company Phone _____

Company FAX _____

Unit to be Returned:

Model Number _____

Serial Number _____

Failure details or
reason for return _____

_____

_____

Return Information:

Company _____

Address _____

_____

_____

City, State/Province _____

Postal Code, Country _____

Contact Name _____

Contact Phone _____

Contact E-mail _____

Shipping Account _____

Special Instructions _____

NOTE: **Please submit only <u>one</u> item per RMA request. Do not send in items without an RMA number issued for that item.** **Unit software may be updated to the latest version unless otherwise requested.**

Comtech EF Data use only:

RMA NUMBER ISSUED:

[   ]

OUT OF WARRANTY REPAIR PRICE:

[   ]

**A PURCHASE ORDER OR WIRE TRANSFER WILL BE REQUIRED AND
PAYMENT VERIFIED BEFORE OUT OF WARRANTY UNITS CAN BE REPAIRED**