SHIPTRON

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RMA FORM

Return merchandise authorization request

INTERN	RECEIVED	ORDER NO.	HANDLED BY

Please fill out this form as completely as possible and send it with the product.

Customer details

NAME

PHONE

E-MAIL

ADDRESS (STREET + NUMBER)

POSTAL CODE

CITY

COUNTRY

Product details

TYPE OF DEVICE

BRAND / TYPE

SERIAL NUMBER

ACCESSORIES INCLUDED (ANTENNA, MICROPHONE, HANDSET, BATTERY, POWER CABLE, MOUNTING BRACKET, ETC.)

Reason for RMA request

- ☐ Wrong item delivered
- ☐ Wrong delivery address
- ☐ D.O.A. (dead on arrival)
- ☐ Ordered by mistake
- ☐ Incomplete
- ☐ Incorrectly programmed
- ☐ Other, namely:

DESCRIPTION / EXPLANATION OF COMPLAINT

DATE

SIGNATURE