

RETURNS REQUEST FORM FOR FAULTY PRODUCTS (RMA)

Email: rma@voipdistri.com

Fax: +49 5201 7829

RETURN TO:
VoIPDistri.com - RMA
Im Hagen 3
33790 Halle Westfalen
Germany

RMA No.: _____

Company Name: _____

Contact Name: _____

Street: _____

Zip Code / City: _____

Tel No.: _____

E-Mail Address: _____

Fax No.: _____

Customer No.: _____

Invoice No.: _____

Product Name (example: Linksys PAP2T etc.):

Serial No. and MAC: _____

Defect Description (defect, no function, faulty it's not defect description !):

Miscellaneous: _____

Your Network configuration:

(example: The IP-Phone it's connected by DHCP Server [Router], etc.)

Date: _____

Signature: _____