 Return Material Authorization

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| --- |
| Return contact details |
| Name: |  |
| Phone: |  |
| Email: |  |

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| --- |
| Return shipment details (If faulty devices are being sent to us from different location please provide address in ‘additional comments’ section to prepare relevant label) |
| Name: |  |
| Address: |  |
| City: |  |
| State: |  |
| Postal Code: |  |
| Country: |  |

|  |
| --- |
|  Reason of return |
|  |

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| --- |
| Devices to be returned: |
| Model | Amount  | OrderId | UniqueId(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Additional Comments:

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