RETURNS REQUEST FORM FOR FAULTY PRODUCTS (RMA)

Email: rma-service@voipdistri.com

RETURN TO:
VoIPDistri.com - RMA
Im Hagen 3
33790 Halle Westfalen
Germany
Phone: +49 5201 730030

Print

RMA No.: _____

Company: _____ **Name:** _____

Street: _____ **ZIP / Town:** _____

Phone: _____ **E-Mail:** _____

Fax No: _____ **Mobile No:** _____

Customer No: _____ **Invoice No.:** _____

Product Name (e.g. Yealink T46U etc.)**:** _____

Serial No. and MAC: _____

Defect Description (Defective, no function, broken is not a fault description !)**:**

_____

_____

_____

_____

_____

Faults occur: ☐ immediately ☐ sporadically ☐ after _____ minutes

Miscellaneouses: _____

Your own network configuration: (e.g. your IP telephone will receive a dynamic IP address from the router via DHCP server and is registered on the IP-PBX etc.)

_____

_____

_____

Date: _____ **Your Name:** _____

Your Signature: _____