

## RETURN MATERIAL AUTHORIZATION FORM

EMAIL THIS FORM TO customerservice@fei-elcomtech.com OR FAX: 201-767-1326

DATE:			_	NUMBER OF UNITS:		
CUSTOMER NAME:			_	MODEL NUMBER:		
CUSTOMER CONTACT:			=	SERIAL NUMBER(S):		
				(Please include the full serial number; alphanumeric if		
BILL TO ADDRESS:				applicable.)		
(Required even if the RMA is in			_	•		
warranty.)			_			
			_			
OLUB TO ADDRESS.				CUSTOMER TO ISSUE		
SHIP TO ADDRESS:			_	DEBIT MEMO:	YES	_
			_		NO	
			_			
REASON FOR RETURN:						
REAGON FOR RETURN.						
Repair Verification Questi	ons: (Place N/A if the question is not a	pplicable.)				
Lock Error or Other Alarm E	Error?					
Power Failure? If so Please	send Plot or table with measure	ed power.				
Frequency Error? If so pleas	se send Plot or table with freque	ancy error				
Trequency Error: If 30 pica.	se send i lot of table with heque	oney error.				
Attenuator Error?						
Attenuator Error:						
	l0					
Intermittent or Constant Fai	lure?					
T						
Temperature Dependent? II	so at what temperature is failu	re observed?				
Control Error?						
Failed in-house or at third p	arty site?					
Other?						
	Service to receive the full Elcorer, we can not commit to shorter					
		FOR EL	COM USE ONLY			
RMA NUMBER		_	NOTES:			
PURCHASE ORDER		_				
RETURN CODE: (CHECK APPROPRIATE BOX)	(S) SERVICE WARRANTY					
	(R) REPAIR			CUSTOMER SERVICE OR		
	(C) CREDIT ONLY			SALESPERSONS SIGNATURE:		
ANALYSIS CHARGE REPAIR CHARGE	\$					
Form NO SL-6-0001 REV A						