

# PRODUCT RETURN FORM



RMA #: \_\_\_\_\_

DATE: DD / MM / YYYY

RETURN TYPE: \_\_\_\_\_

NEW

DEFECTIVE

## CUSTOMER INFORMATION

CONTACT NAME

ORGANIZATION NAME

ADDRESS

CITY

PROV/STATE

POSTAL CODE/ZIP CODE

MAIN PHONE

EMAIL

I APPROVE FUTURE EMAILS FROM GESI

## PRODUCT INFORMATION

Description of product issue

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORIGINAL PURCHASE DATE:

SERIAL NUMBER: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_

DATE INSTALLED:

DATE REMOVED:

## INTERNAL INFORMATION

TECHNICAL ASSESSMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREDIT CUSTOMER:

REPLACEMENT UNIT MODEL: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

SHIP-TO ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL SIGNATURE (Required unless authorized by phone)