

RMA FORM
(Return Material Authorization)



Fill In Before Return

Fill in the form given below. Return RMA sheet with the product (full components set) to a technical support center (Address: 900 Jorie Blvd, STE 36, Oak Brook, IL 60523, USA). For cooperation and faster response email RMA sheet to support@bransys.com and notice package with "WARRANTY!"

GENERAL INFORMATION:

Seller (Company): _____

PACKAGE INFORMATION:

No.	Product Code	Serial No.	Purchase Date	Failure Date	Information about product failure:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If package set doesn't fulfill with the specified in User's Manual. it is necessary for us to receive the product in original package, or give additional information: quality sticker's number on the inner side of package (as shown in future: number instead of question mark): _____

Information about product failure options:

You can choose one or several descriptions and detail the failure

- a. Physically impossible to connect the device (e.g.: missing or broken complementary parts, parts not fitting the device)
- b. Problems installing the device (e.g.: device doesn't start, computer doesn't recognize the device, CD contains no drivers, device or computer stalls through the install)
- c. Impossible to use the device properly (e.g.: device disconnects or doesn't find the GSM network or operator, device functions doesn't comply as defined in User's Manual)
- d. Device or package visually defected

Client information:

Company: _____
 Contant person: _____
 RMA filling date: _____
 Signature: _____

Phone Number: _____
 Fax Number: _____
 E-mail: _____
 Return address: _____

Fills In Manufacturer

Repair information:

Device repaired:
 Date: _____
 Cause of failure: _____

 Repair cost: \$_____ (if waranty product, cost is \$0)
Delegated person for repair:
 Full name: _____
 E-mail: _____
 Signature: _____

Device not repaired: (if device han no warranty and customer rejects to pay repair costs/ if exchanged with new device)
 Date: _____
 Reason: _____

Delegated person for repair:
 Full name: _____
 E-mail: _____
 Signature: _____