



# RF DESIGN

UNIT 513 SPEARHEAD BUSINESS PARK • MONTAGUE DRIVE • MONTAGUE GARDENS • 7441 • SOUTH AFRICA  
TEL: +27 21 555-8400 • FAX: +27 21 555-8401  
EMAIL: SALES@RFDESIGN.CO.ZA • WWW.RFDESIGN.CO.ZA

## RMA REQUEST FORM

DATE :	
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To be completed by the customer:

COMPANY :
CONTACT :
ADDRESS
PHONE NUMBER
PROOF OF PURCHASE / INVOICE NUMBER / INVOICE DATE :
ITEM PART NUMBER :
ITEM SERIAL NUMBER :
FAULT DESCRIPTION :

To be completed by RF Design:

RMA #		R100 EVALUATION CHARGE INVOICE #	
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### TECNICIAN FAULT REPORT

DOA : YES/NO	WARRANTY : YES/NO	NON-WARRANTY : YES/NO
TECNICIAN :		
DATE TESTED :		
FAULT REPORT :		

### ACTION TAKEN

NO FAULT FOUND, ITEM RETURNED TO CUSTOMER, R100 EVALUATION NOT REFUNDED	
DOA CONFIRMED, ITEM REPLACED, R100 EVALUATION CHARGE REFUNDED	
WARRANTY REPAIR, ITEM SENT TO SUPPLIER, CUSTOMER NOTIFIED, R100 EVALUATION CHARGE REFUNDED	
OUT OF WARRANTY, CUSTOMER NOTIFIED AND SENT QUOTE #, _____ R100 EVALUATION NOT REFUNDED	
OUT OF WARRANTY, BEYOND ECONOMICAL REPAIR, CUSTOMER NOTIFIED, R100 EVALUATION NOT REFUNDED	

### PROOF OF ACCEPTANCE OF TERMS BY CUSTOMER

I the undersigned acknowledge that I have read the RF Design Warranty and Returns Policy and that I am bound by its terms and conditions.

SIGNATURE	PRINT NAME
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Original with Evaluation Invoice - RF Design

Copy - Customer