



Customer RMA/Repair Authorization Form

email to rma@ascendancewireless.com

Tel: +1 530 887-8300 Fax: +1 530 889-1255

Authorization # _____

Type:

Repair In Warranty

Repair Out Of Warranty

Other (Explain)

Customer Details

Company	_____	Contact	_____		
Address	_____	Phone	_____	Fax	_____
	_____	Email	_____		
City	_____	State	_____	Zip	_____

Product Details

Item	Part #	Serial/MAC #	Reason for Return	Invoice #	Date

For internal use only

RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
Good until _____	Replacement sent _____	

Email completed form to rma@ascendancewireless.com

NOTE: We will not be responsible for any equipment unclaimed over 60 days