## \* CALL 049055465 or Email <a href="mailto:support@linkit.co.nz">support@linkit.co.nz</a> TO OBTAIN RMA#

## WARRANTY & RMA REPORT FORM RMA#: \_\_\_\_\_

Date:	Contact person	son:		
Contact email:	Phone (Country	Phone (Country)(area)(number): +		
<b>Equipment</b> detail(s):		Serial number(s):		
Company:		Purchase date:		
<b>Company purchase order</b> (for bill Authorised field contact:	ing purposes):	Cell phone:		
Sub-contractor / Employee /Pro	ject Manager	cell priorie.		
Date of equipment failure:		SLA ref:		
Brief details of problem:				
Details of all tests carried out ( Mains power Cables PC Freq scans Interference Cother-	DE Weather 🔲	Mounting Alignment Bench tests conducted Bench tests conducted		
Loan equipment Yes No Equipment supply details:	Used New		$\prec$	
Serial No(s):				
Date despatched:	Invoice no:	Date:		
Office use:				
LINKIT bench test: PASS FA	AIL	Within warranty: YES NO		
RMA with supplier:	_	DATE:		
		F 1		
Contact:		Email:		
Replacement Received:				
SHIPPED to Client:				
LOAN EQ RETURNED:				