

## RMA APPLICATION

Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

RMA NO. : \_

|                           |  |           |  |
|---------------------------|--|-----------|--|
| Equipment                 | <input type="checkbox"/> Repair Service <input type="checkbox"/> Demo Return <input type="checkbox"/> Warranty Claim |           |  |
| Customer Name             |  |           |  |
| S/N                       |  | Model No. |  |
| Alarm Code                |  |           |  |
| How the failure occurred? |  |           |  |
| Fault Description         |  |           |  |
| Operating Environment     |  |           |  |
| Other                     |  |           |  |
| Video Attachment          |  |           |  |
| Picture Attachment        |  |           |  |