

**RMA NUMBER REQUEST FORM**

Please fill out this form as complete and as clearly as possible:

<b>RMA Number</b>	
<b>Authorized by</b>	

*Company Purchased From:*  EthoSwitch LLC  *Order Number:* \_\_\_\_\_ *Date Of Purchase:* \_\_\_\_\_

*Customer Company:* \_\_\_\_\_ *Contact:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_ *Fax Number:* \_\_\_\_\_

*Customer Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Customer Email Address:* \_\_\_\_\_

*Cross shipment* \_\_\_\_\_ *Credit* \_\_\_\_\_ *Repair/Replacement* \_\_\_\_\_ *Missing* \_\_\_\_\_ *Upgrade* \_\_\_\_\_

<b>Item #:</b>	<b>Item Description</b>	<b>Qty.:</b>	<b>Problem Description:</b>

**Please fill out carefully and either email to [sales@ethoswitch.com](mailto:sales@ethoswitch.com) or fax to 732-749-3598**

*Customer Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Thank you for your cooperation, EthoSwitch*