



RMA REQUEST SHIPPING FORM

RMA Number: _____

Ship To:

COMPANY: _____ DATE: _____
 ADDRESS: _____
 CITY _____ REQUESTED BY: _____
 STATE/PROVIDENCE _____
 ZIP/POSTAL CODE _____ DEPARTMENT: _____
 COUNTRY _____

ATTN: _____ DEALER: _____
 PHONE: _____ PO# or ORDER # _____

PARTS TO BE RETURNED:

(CHECK ALL THAT APPLY)

RECEIVED:

- DONGLE # _____
- USB INTERFACE
- SERIAL # _____ OUTPUT DEVICE _____
- USB POWER SUPPLY
- POWER CORD US EU
- INTERFACE CABLE PART # _____

PROBLEM REPORTED OR SUPPORT CALL #

(HAVE CUSTOMER INCLUDE SAMPLE WITH RETURN IF OUTPUT PROBLEM)

TO BE COMPLETED BY XITRON**PARTS TO SHIP FOR REPLACEMENT**

QTY	PART NUMBER	DESCRIPTION	COST \$

SHIPPING METHOD:

NOTES:

Date Shipped	No. Pieces	Weight	Shipped by	Total Freight Charges