



Return Material Authorization Request Form

CUSTOMER INFORMATION:

Customer Company Name: _____

Contact Person (Full name): _____ Contact Phone: _____

Contact E-mail: _____ Return Date: _____

Ship From: _____

RMA Number:	
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Reason For Return:

- Under Warranty Repair Customer Issued Damage Out Of Warranty Repair
 Others _____

PRODUCT INFORMATION:

NO	SN	Model	Fault Description
1			
2			
3			

- I understand that the RMA is requested as per Micas warranty terms & conditions which I have read and understand; I promise the returned product don't have personal private data.

Signature : _____

Date: _____

Please do not return the defective product without RMA#.