|  |
| --- |
| To Be completed by the CustomerFill in as much information as possible |
| Customer Name | Date |
|  |  |
| Part Number | Description |
|  |  |
| Serial Number(s) | Quantity | Modem Software Version  |
|  |  |  |
| Customer Contact Information |
| Name: | Address: | Email: | Phone: |
| Technical Contact Information |
| Name: | Address: | Email: | Phone: |
| End User Contact Information |
| Name: | Address: | Email: | Phone: |
| Out of Box Failure? **Yes** [ ]  **or No** [ ]  | Spoke with TM Tech? **Yes** [ ]  **or No** [ ]  | Name of Tech: | Full System Return **Yes** [ ]  **or No** [ ]  |
| **Failure Description** – Provide as much detail as possible (include setup parameters, activity at time of failure, unique circumstances, etc.) |
|  |
| Tampa Microwave LLC Use Only |
| Evaluation Section |
| RMA Number | TM Part Number | Warranty / Non Warranty | Date RMA Number Issued | Date Unit Received |
|  |  | **Yes** [ ]  **or No** [ ]  |  |  |
| Administration Notes |
|  |