|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To Be completed by the Customer  Fill 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 | | | | | | | | |
|  | | | | | | | | |