

RETURN AUTHORITY (RA) FORM

Customer Details

Request Date: _____
Company Name: _____
Address to send
repaired/replacement
unit to: _____
Contact Person: _____
Email: _____
Tel: _____
Customer Ref.: _____
Purchased from: _____
Date of Purchase: _____

RA No. _____
To: _____

Address: **Powertec Telecommunications**
RA #
Technical Support
16/511 Olsen Avenue
Southport Qld 4215
Australia

No.	Product Name	Serial Number	Description of Faults / Reason for Return	Invoice No.	Technician Repair Notes	Warranty or DOA
1						
2						
3						