

RMA FORM

Date Shipped RMA#

Customer/Company:

Phone: E-mail:

Street Address:

City: State: Zip Code:

Instructions:

1. Call **713-272-8822** to request a RMA number. **IMPORTANT: DO NOT SEND ANYTHING BACK WITHOUT A RMA #.**
2. Fill out this form as completely as possible.
3. Carefully package your defective unit and place this form in the box. Write the RMA # on the outside of the box.

*** NOTE: If your product is not under warranty the work done to this RMA will be covered under warranty for 30 days from the date you receive it**

Qty.	Item	Description of Problem	Purchase Date

Below for use by ikan employees only:

RCV product date:

Received Item Checklist

Parts	Comments
Outer body & frame:	
Knobs, buttons, switches, etc:	
Power ins/outs:	
Signal ins/outs:	
LCD/LED:	
Screws:	
Wiring:	
PCBoard:	
Other:	

Problem(s) Found: _____

Solution(s): _____

Time: (1 hr. min) Total:\$ Tech:

Date Passed: Date Left:Notes:

Notes: