

**ITS ELECTRONICS INC.**MICROWAVE COMPONENTS &
SUBSYSTEMS**Email:** support@itselectronics.com**Fax:** (905) 660-0406 ATTN: SupportRMA NO: *(Office use only)*

DATE:

SHEET NO.:

RMA REQUEST FORM**THE FOLLOWING INFORMATION MUST BE FULLY COMPLETED BEFORE AN RMA NUMBER CAN BE OBTAINED TO RETURN AN ITEM FOR REPAIR.****Evaluation fees are applicable to refused repair estimates. No Fault Found fees may apply to returned units. Please see RMA policy available at www.itselectronics.com for complete terms and conditions.**

CUSTOMER NAME AND FULL SHIPPING ADDRESS:

CONTACT NAME: _____

Email: _____

TEL: () _____

Fax: () _____

PRODUCT DESCRIPTION: _____

PART NUMBER: _____

ITS SERIAL NUMBER: _____

DESCRIPTION OF PROBLEM (Symptom):

SPECIFIC DETAILS OF REQUIREMENTS THAT FAILED, including measurements, test conditions, and all other relevant information:**PLEASE SHIP UNIT TO THE FOLLOWING ADDRESS:**
ITS ELECTRONICS, INC. – ATTN: REPAIRS & RETURNS-DDP
B-3280 LANGSTAFF ROAD
VAUGHAN , ON. L4K 5B6 CANADA

NAME: _____ TITLE: _____ DATE: _____