



RETURN AUTHORIZATION FORM

Please complete and enclose with every unit sent to Comrex. No RMA number required. Our normal turnaround time for repairs is two weeks. We will contact you if more time is required.

*Note: Units in for upgrades and/or warranty repair will be returned UPS ground, free of charge. However, **if expedited shipping is necessary**, please provide a UPS, Fed-Ex, Airborne or DHL account number.*

Ship To: Comrex Corporation, Attn: Repair Dept., 19 Pine Road, Devens, MA 01434 USA

Date Shipped: _____ **Date Required Back:** _____

Return Shipping Method: _____ **Shipping Account Number:** _____

Reason For Return: _____ **P.O. # (Required):** _____

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From: Who is sending it in?

Company: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact: _____ Tel #: _____ Email: _____

Ship To: Who do we return it to?

Company: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact: _____ Tel #: _____ Email: _____

Bill To: Who is being billed?

Company: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact: _____ Tel #: _____ Email: _____

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Please list the equipment enclosed (*If this equipment uses an external power supply, it must be included*):

Model	Serial #	Problem (Please provide as much detail as possible - use back if necessary.)

Special Instructions: _____