

# Return Materials Authority

<b>Customer:</b>	<b>Contact:</b>	<b>Tel No:</b>
<b>Product Description:</b>	<b>Product Number:</b>	<b>Serial Numbers:</b>
<b>Describe symptoms of fault:</b>		
<b>Describe accessories used with and use of product:</b>		
<b>Warranty Claim / Warranty valid until :</b>		
<b>Out of Warranty: Order Number:</b>		
<b>Below this line for completion by Sundance Only:</b>		
<b>RMA Number</b>	<b>Engineer :</b>	
<b>Fault Identified:</b>	<b>Date Started :</b>	
	<b>Date Completed:</b>	
	<b>Time Taken:</b>	
<b>Corrective Action:</b>	<b>ErsaScope Inspection</b>	<input type="checkbox"/>
	<b>Production Test</b>	<input type="checkbox"/>
		<input type="checkbox"/>
<b>Completion Date:</b>		
<b>Time Billed :</b>		
<b>Invoice :</b>		