

## **Return Merchandise Authorization (RMA) Form**

ssigned RMA Number: (To be filled by Panoramic Power Personnel)		
support@panpwr.com	all required fields of this form and email to	
Please fill ALL required fields below:		
1. Customer Details		
Date:		
Contact person:	Phone:	
Company:	Email:	
Purchase Order Number:	Fax:	
Technical Contact:	Phone:	
Fax:	Email:	
2. Shipping Details for Replacement / Repaired units (when approved)  Name:		
Street Address (No PO Box):		
City State 7im		
City, State, Zip:		
City, State, Zip: Shipping Carrier:	Attn:	
	Attn:	



## 3. Product Information

□ Warranty   □ Non-warranty   □ Unknown		
Part/Model Number:	Quantity:	
Serial Number:	Product Version: US/EU	
Reason for return or CASE #: (please write a summarize of the failure or attach a detailed letter)		
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Serial Number:	Product Version: US/EU	
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