



Return Material Authorization (RMA)

Required Information:

Company Name: _____
 Contact Name: _____
 Contact Phone: _____
 Contact Fax: _____
 Contact E-Mail: _____

Item Being Returned:
 Part or Model # _____ Serial # _____

Amplifier or Product failed item came out of (if other than above):
 Model # _____ Serial # _____

Failure Symptoms: _____

Your Shipping Address: _____

Your Billing Address: _____

DO NOT WRITE IN THE BOX BELOW – CPI WILL FILL OUT AND RETURN TO YOU VIA FAX

RMA Number Issued: _____	Issue Date: _____
Issued by: _____	
Return to:	
<input type="checkbox"/> CPI CANADA c/o Sam-Son Distribution 203 Eggert Road Buffalo, NY 14215 (800) 677-2535	<input type="checkbox"/> CPI Satcom 811 Hansen Way Palo Alto, CA 94304 (650) 846-3803 ATTN: RMA# _____
	<input type="checkbox"/> CPI Satcom Palo Alto, CA 94304 Notify: Panalpina Inc 401 East Grand Avenue South San Francisco, CA 94080 +1 (650) 225-9995
<p>*Test and Evaluation Charges: A fee of \$_____ will be charged if repair is not desired and unit is non-warranty, or if the unit is in warranty and no fault is found.</p>	

FAX THIS DOCUMENT TO LORRAINE ABRAMOWITZ @ +1 (650) 424-1744 TO OBTAIN RMA NUMBER. WHEN FAX IS RETURNED WITH RMA NUMBER, PLEASE SIGN BELOW AND INCLUDE A COPY WITH YOUR SHIPMENT.

I agree to the Test and Evaluation charges described above, if or when applicable _____
 DATE _____