|  |
| --- |
| **FOR INTERNAL USE ONLY** |
| **Case #:**  | **Case Owner:**  |
| **Case Contact Email:**  |
| **Dead on Arrival (DOA):** [ ]  **Yes**  |

|  |
| --- |
| RETURN MATERIAL AUTHORIZATION (RMA) REQUEST FORM |

 **RMA Contact:** **E-MAIL OR FAX RMA REQUEST FORM WHEN COMPLETED TO:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***FROM:*** |  |  | **SEND TO:** | GE MULTILIN Technical Support |
| **COMPANY:** |  |  | **EMAIL:** | Multilin.tech@ge.com  |
| **EMAIL:** |  |  | **FAX #:** | 905-927-5096 |
| **PHONE #**: |  | **FAX #:** |  | **DATE:** |  |

**THE CASE CONTACT WILL RECEIVE ALL CORRESPONDENCE; THE RMA CONTACT WILL ONLY RECEIVE THE PAPERWORK TO ENABLE THE RETURN OF THE RELAY(S).**

**PLEASE COMPLETE BELOW TO ENSURE GE RETURNS BACK YOUR PRODUCT TO THE ADDRESS SPECIFIED AND THE INVOICE IS GENERATED ACCURATELY. BILL TO ADDRESS IS MANDATORY, INCLUDING THOSE ASSOCIATED WITH WARRANTY CLAIMS. THE RMA WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**

|  |  |  |
| --- | --- | --- |
| **GE WILL RETURN SERVICED PRODUCT BACK TO:** |  | **GE WILL BILL RMA INVOICE TO:** [ ]  **SAME AS SHIP TO**  |
| **COMPANY:** |  |  | **COMPANY:** |  |
| **ADDRESS:** |  |  | **ADDRESS:** |  |
| CITY/TOWN: |  |  | CITY/TOWN: |  |
| **STATE / PROVINCE:** |  |  | **STATE / PROVINCE:** |  |
| ZIP/POSTAL CODE: |  | COUNTRY: |  | ZIP/POSTAL CODE: |  | COUNTRY: |
| **Attention:** |  |  | **Attention:** |  |
| **PHONE #:** |  | Fax #:  |  | **PHONE #:** |  | Fax #:  |
| **EMAIL:** |  |   | **EMAIL:** |  |
|  |  |  |  |  |

**PROVIDE BELOW INFORMATION TO HELP FAST TRACK YOUR REQUEST THROUGH CUSTOMS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE CONFIRM IF THE PRODUCT IS RETURNED TO GE FROM THE SHIP TO ADDRESS MENTIONED ABOVE.** | [ ] **YES** |  | **IF YOU REQUIRE GE TO SHIP THE UNIT(S) BACK TO YOU THROUGH A CARRIER/FREIGHT FORWARDER, PLEASE PROVIDE INFORMATION BELOW.**  |
| [ ] **NO** |  |
| **IF NO, PROVIDE ADDRESS:** |  | **COMPANY** |  |
| **COMPANY:** |  |  | **ADDRESS:** |  |
| **ADDRESS:** |  |  | CITY/TOWN: |  |
| CITY/TOWN: |  |  | **STATE / PROVINCE:** |  | **ZIP/POSTAL CODE:**  |
| **STATE / PROVINCE:** |  | **ZIP/POSTAL CODE:**  |  | **COUNTRY:** |  |
| **COUNTRY:** |  |  | **CONTACT NAME:** |  | **CONTACT #:** |
|  |  |  |  |

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| --- |
| **DO NOT SHIP PRODUCT UNTIL YOU RECEIVE AN EMAIL FROM GE WITH THE RMA NUMBER AND SHIPPING INSTRUCTIONS THAT DETAILS WHERE TO RETURN THE PRODUCT(S).** |

**METHOD OF PAYMENT IS NOT REQUIRED FOR WARRANTY RETURNS OR REPLACEMENTS. FOR BILLABLE RMAS, A METHOD OF PAYMENT IS REQUIRED BEFORE ANY REPAIRS ARE PERFORMED, OR ANY ADVANCE REPLACEMENTS ARE SHIPPED.**

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| **METHOD OF PAYMENT** |
| [ ]  **Purchase Order** | [ ]  **Credit Card [Do NOT enter Credit Card # here, GE will contact you directly for this information]** |
|  |  **Contact name:**  | **Contact#:**  |

**RELAY FIRMWARE WILL BE UPDATED TO THE LATEST VERSION\***

**\*FOR PROTECTION & CONTROL – UNIVERSAL RELAYS (UR’S) ONLY, PLEASE CHECK THIS BOX IF YOU WOULD LIKE TO UPDATE FIRMWARE VERSION:** [ ]

**FOR JMUX PRODUCTS, PLEASE ENTER THE WARRANTY DATA FROM THE PRODUCT LABEL IN THE SYMPTOM OR PROBLEM DESCRIPTION FIELD OR PROVIDE A PICTURE OF THE LABEL.**

|  |  |  |
| --- | --- | --- |
| **#** | **PRODUCT** | **SYMPTOM OR PROBLEM DESCRIPTION** |
| **1** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **2** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **3** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **4** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **5** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **6** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **7** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **8** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **9** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |
| **10** | **PART #: (include MOD)** |  |  |
| **SERIAL #:** |  |