



MULTILIN

Date: _____

#1 **RMA Number:**
PLEASE RETURN FORM WITH UNIT AND REFERENCE RMA# ON OUTSIDE OF SHIPMENT

TO: _____ FROM: GE Multilin Service Dept. (_____)

COMPANY: _____

PHONE #: _____ FAX #: _____

#2 **YOUR SHIP TO ADDRESS:**

#3 **YOUR INVOICE ADDRESS:**

#4 **PURCHASE ORDER #:** _____

#5 **SHIPPING METHOD:** _____ **ACCT.#** _____

#6 **CONTACT NAME(S):** _____

PHONE #: _____ **FAX #:** _____

#7 **MODEL NUMBER(S):** _____

#8 **SERIAL NUMBER(S):** _____

#9 **UPDATE FIRMWARE?** YES NO (CHECK ONE)

#10 **DESCRIPTION OF PROBLEM (PLEASE BE SPECIFIC):** _____

SHIP RELAYS TO:
GE Multilin
Service Department
650 Markland St.
Markham, Ontario
Canada L6C 0M1
Tel: (905)927-7070 Fax: (905)927-5098