



DITEK Corporation
 1720 Starkey Rd.
 Largo, FL 33771

Request for Return Material Authorization

Company Name _____ Date _____

Customer Type Distributor Dealer Non-Stock Distributor End User

Street Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone Number _____

E-mail Address _____ Fax Number _____

Product Information

Item	DTK Model Number	Qty	Purchase Date	Date Code	Date Installed	Invoice Number	P.O Number
1							
2							
3							
4							

Using the codes below, identify the reason for requesting the return of product. Please provide detailed descriptions for all product failures and additional comments as needed.

W Warranty Replacement/Repair
 SR Stock Rotation
 TE Test/Evaluate
 C Credit
 F Field Failure
 OB Out of Box Failure

Item	Code	a-Describe reason for return · b-Describe the equipment the DITEK device was protecting. c-Provide details of how the unit was installed (Use a separate sheet if necessary)
1		a.
		b.
		c.
2		a.
		b.
		c.
3		a.
		b.
		c.
4		a.
		b.
		c.

DITEK OFFICE USE ONLY	
Re-Stocking Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes	% _____ \$ charge _____
Replacement P.O.? <input type="checkbox"/> No <input type="checkbox"/> Yes	# _____ \$ value _____

Approved by: _____ Date _____	RMA Number _____
Approved by: _____ Date _____	THE RMA# MUST BE MARKED ON OUTSIDE OF ALL SHIPPING CARTON(S)