



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.

Re-Stocking Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes % _____ \$ charge _____ Replacement P.O.? <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ \$ value _____		<b>DITEK OFFICE USE ONLY</b>	
Approved by: _____ Date _____ Approved by: _____ Date _____	<b>RMA Number</b> _____	<b>THE RMA# MUST BE MARKED ON          OUTSIDE OF ALL SHIPPING CARTON(S)</b>	