

RETURN AUTHORITY (RA) FORM

Customer Details

Request Date:

Company Name:

Address to send repaired/

replacement unit to:

Contact Person:

Email:

Tel:

Customer Ref.:

Purchased from:

Date of Purchase:

RA No.

To:

Address: Powertec Telecommunications

RA #

ATTN: Barry Clarke

21-23 Timothy Place

Avondale, Auckland

1026

09 828 1500

No.	Product Name	Serial Number	Description of Faults / Reason for Return	Invoice No.	Technician Repair Notes	Warranty or DOA
1						
2						
3						