




RMA Request Form

Customer Name	Phone#	Address	Invoice date:	Invoice #:	Returns Authorization (RMA)#:

Note: To help identify & serve you better, please enter your **Name, Contact & Order Details** above. Use RMA# for future correspondence. **"Use one form per phone."**

Part #/ SKU	QTY	ESN/IMEI #	Reason Code (List Below)	Additional Comments
				

Reason Codes

1. Phone does not Power on	2. Cannot Activate (please read notes below on phone activation)	3. Missing Accessory	4. Faulty Keypad	5. Faulty Accessory
6. Display/LCD Failure	7. Faulty Microphone/Speaker	8. Bad Software (can't activate)	9. Wrong Product	10. Other (please specify)

Instructions: please follow the steps below

- Please enter the Part #/SKU, Quantity & ESN/IMEI found on your invoice of original purchase.
- The 15 digits (Electronic Serial Number) or MEID (Mobile Equipment Identifier) or IMEI (International Mobile Equipment Identification) can be found on the back of your phone where the battery is inserted or printed on the side of your phone's box. To obtain IMEI on your phone, press the following keys one by one: * # 0 6 #
- Select the Reason code from list above and enter your Additional Comments.
- Please ensure that you return goods in their original condition within Warranty period.
- Return package must include original Invoice & completed RMA Request Form. Also write RMA# on return package.
- To activate phone, please read the information on our 'Welcome Card' included in your phone package. Call Carrier/Operator & provide your ESN/IMEI number in all available formats at the back of the phone.

For Internal Use Only:	Checklist: <input type="checkbox"/> Handset <input type="checkbox"/> Battery/Door <input type="checkbox"/> Charger <input type="checkbox"/> USB Cable <input type="checkbox"/> WTG Phone Box <input type="checkbox"/> Others
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Pending <input type="checkbox"/> Replaced <input type="checkbox"/> Repair <input type="checkbox"/> Credit
By: _____	Date: _____ Status: _____ RMA #: _____
Comments: _____	
Tracking #: _____	Service Centre: _____ <input type="checkbox"/> Sent for Repair <input type="checkbox"/> Return to Supplier (claim warranty)

Please complete & return form with your package to this address: 1707 Sismet Street, Unit #1, Mississauga, ON, L4W 2K8, CA or email: shipping2@wirelesstradegroup.com & Sales Rep.