



RETURN MERCHANDISE AUTHORIZATION FORM

RETURN ID#:	SUPPORT CONTACT DATE:
CUSTOMER Name/Surname: Mail address: E-mail: Phone:	PURCHASE INFORMATION Date of purchase: Seller: Item status: <input type="checkbox"/> new <input type="checkbox"/> b-stock <input type="checkbox"/> second hand
REASON FOR RETURN OR DESCRIPTION OF PROBLEM:	
FAILURE CIRCUMSTANCES	
Was the unit dead upon arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PSU malfunction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inverted/misplaced/shortened power ribbon cable:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power surge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical marks of usage or damage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failed attempt of software update:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected to equipment outside of Eurorack system (computer, PA):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Eurorack components broken at the same time:	
USER CONFIGURATION SPECIFICATION	
Eurorack case mfg/model:	
PSU mfg/model:	
Bussboard/distribution mfg/model:	
Number of separate racks (not sharing the same PSU):	
List of Eurorack modules patched to:	
List of other Eurorack modules sharing the same PSU:	