

***ALL RETURN FOR CREDITS MUST BE APPROVED
BY GEORGE CARPENTER BEFORE SHIPPING.**

INS _____ DR _____ CH
TRD _____ DS _____

ZENITEL USA, INC. - 6119 CONNECTICUT AVE. - KANSAS CITY, MO 64120 - 800-654-3140
RETURN AUTHORIZATION REQUEST
FAX REQUEST TO: 800-697-6260

PLEASE TYPE OR PRINT

DATE OF FAX _____
 R.A. # _____
 P.O. # (for repair/freight charges): _____
 SHIPPED TO ZENITEL VIA (Circle One):
 G or BL or R or FX or FX2 or Other _____
 DATE FAX RETURNED _____

- REPAIR
- WARRANTY REPAIR
- OUT OF BOX FAILURE
- RETURN FOR CREDIT
- LOAN / DEMO
- OTHER _____

BILL TO:

SHIP TO:

Company: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____

Company: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____

ORIGINAL S.O.#:

RETURN TO CUSTOMER VIA (Circle One):

ORIGINAL INVOICE:

G or BL or R or FX or FX2 or Other _____

INSTALLATION DATE:

CUSTOMER SHIPPING ACCT. #:

CUSTOMER REF.:

CUSTOMER

ZENITEL SERVICE DEPT.

CUSTOMER			ZENITEL SERVICE DEPT.		
QTY.	MODEL	DESCRIPTION / PROBLEM	QTY.	MODEL	RESOLUTION
					<input type="checkbox"/> W <input type="checkbox"/> NW CODE DATE: <input type="checkbox"/> RC
					<input type="checkbox"/> W <input type="checkbox"/> NW CODE DATE: <input type="checkbox"/> RC
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Dealer Checklist:

- RA# on Outside of Carton
- Packing List Enclosed (copy of this sheet)
- Date Shipped to Zenitel _____

Signed _____