

Customer information

Name : _____ Date : _____
 Company : _____
 Address : _____

 Phone : _____
 Fax : _____
 Email : _____
 Web : _____
 Remark : _____

Requirement Details

PN : _____
 Project : _____
 S/N : _____
 Deployment Description : _____
 Description : _____

 Return transport : _____
 A/C No. : _____
 Remark : _____

Fill by Roots Communication Equipment (BeiJing)Co.,Ltd

Date : _____ Check : _____
 Remark : _____

 RMA No. : _____

Return to : Roots Communication
 Equipment (BeiJing) Co., Ltd
 Uint508, No. 12 Building
 NO. 5 Fang Yuan West Road,
 Chaoyang District,
 BeiJing, China
 contact: TMS/Service Support

Package:
 RMA No posted on the package
 and cargo waybill.