Date: _____

Page: _____ of _____

ATTN: RETURNS
2424 South 21st Street
Phoenix, AZ 85034
Tel: **1-800-877-3002 Opt. 7**
Fax (602) 445- 2650

RMA Number: _____

QDI RMA Request Form

Company Name: _____

Address: _____

City: _____

Tel: _____

Fax: _____

Email: _____

CONTACT NAME: _____

ALL RETURNS MUST INCLUDE: All original accessories and packaging

MODEL	Mac ID/IMEI/SIM#	Reason	Minutes	Qty.	End user Purchase Date	End User Return Date

Please complete this form fully and fax to: **RETURNS DEPARTMENT** at FAX : (602) 445-2650 **Attention: RETURNS**
EMAIL: ManuelL@qdiwireless.com
EMAIL: LuisM@qdiwireless.com

MUST RECEIVE PRODUCT WITHIN 10 DAYS AFTER RMA# IS ISSUED. RMA NUMBER WILL BE VOIDED ON 11TH DAY.