

**Defective Product / Warranty Replacement
Request Form (RMA)**

**Overview**Cassia Networks’ Customer Service department will respond within one business day with an RMA number and product return instructions. If further defect analysis is required, Cassia Networks will provide the desired ship-to address. For all other defective products, Cassia Networks will authorize the customer to dispose/recycle product locally, in accordance with local ordinances and laws. If failure is determined to be within the warranty period, Cassia Networks will provide a replacement unit at “no charge” to the customer.

**Please complete the entire form and submit to** **support@cassianetworks.com****.**

**Contact Information**

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Address |  |
| City, State (Providence), Zip (Postal) Code |  |
| Country |  |
| Contact Phone |  |
| Contact Email |  |
| Original Order, Invoice, and/or P.O. # |  |

**Defective Product Information**

**Unit #1**

|  |  |
| --- | --- |
| Product Model / Part Number: |  |
| Product Serial Number: |  |
| Product MAC ID: |  |
| APN (AC Server Address): |  |
| Problem/Return Reason: |  |

**\*Unit #2**

|  |  |
| --- | --- |
| Product Model / Part Number: |  |
| Product Serial Number: |  |
| Product MAC ID: |  |
| APN (AC Server Address): |  |
| Problem/Return Reason: |  |

**\*Unit #3**

|  |  |
| --- | --- |
| Product Model / Part Number: |  |
| Product Serial Number: |  |
| Product MAC ID: |  |
| APN (AC Server Address): |  |
| Problem/Return Reason: |  |

**\*Unit #4**

|  |  |
| --- | --- |
| Product Model / Part Number: |  |
| Product Serial Number: |  |
| Product MAC ID: |  |
| APN (AC Server Address): |  |
| Problem/Return Reason: |  |

**\*Unit #5**

|  |  |
| --- | --- |
| Product Model / Part Number: |  |
| Product Serial Number: |  |
| Product MAC ID: |  |
| APN (AC Server Address): |  |
| Problem/Return Reason: |  |

\*Note: To include multiple units on the same RMA, units must have been purchased on the same original purchase order.

**Replacement Unit Ship-To Information**

Same as Contact Information above 

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Address |  |
| City, State (Providence), Zip (Postal) Code |  |
| Country |  |
| Phone |  |
| Email |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For Cassia Networks Only

|  |  |
| --- | --- |
| RMA / Replacement Order Number: |  |
| Replacement Product Model Shipped: |  |
| Shipment Tracking Number: |  |