|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Of Request** |       |  | **RMA Number** |       |

TO BE FILLED BY KCS ADMINISTRATION ONLY

**Customer Identification & Contact \***

|  |  |
| --- | --- |
| Company Name |       |
|  |  |
| Contact Name |       |
|  |  |
| Contact email |       |
|  |  |
| Contact Phone n° |       |

**Product Identification \***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Complete Acoustic System... |  | Spare Components, Accessories... |
|  |  |  |  |
| Product Code |       |  |       |
|  |  |  |  |
| Product Reference |       |  |       |
|  |  |  |  |
| Serial Number (if applicable) |       |  |       |
|  |  |  |  |
| Purchase Date |       |  |       |
|  |  |  |  |
| Resale or Installation Date |       |  |       |

 Reason for Return \*

|  |  |
| --- | --- |
| [ ]  | Repair |
|  |  |
| [ ]  | Warranty Request |
|  |  |
| [ ]  | Return |

**Provide A Detailed Description Of The Issue With This Product \***

|  |
| --- |
|       |

 Information and/or Documents added to this RMA Request

|  |  |
| --- | --- |
| [ ]  | Pictures |
|  |  |
| [ ]  | Sales Invoice / Proof Of Ownership \* |

\* Must Be Completed

This document should be fully filled and returned by email to sk@kelonik.com prior to any return.

KCS Division will get in contact with you and provide you the RMA number.

Please print a copy with the RMA number and include it within the returned package.

Neither transportation, nor any other costs, nor any risk for removal, transportation and installation of products is covered by this warranty.