GECKO DEPOT
EUROPE

PRODUCT RETURN FORM
DEALERS

Contact: _____

Company name: _____

Street address: _____ **City:** _____

State/Province: _____ **Zip code/Postal code:** _____

Tel. #: _____ **Fax #:** _____ **Date:** _____

Prefered carrier : _____ **Account #:** _____

**Please note that this carrier and this account number will be used to return the merchandised.*

***Credit card:** _____ **Expired date:** _____

**Mandatory; If no carrier account number is avaible to charge return freight.*

Detailed Description of Problems Encountered	Serial #	ID #

IMPORTANT

Note that defective parts cannot be returned before allocation of RMA# (Returned Material Authorization Number). This number will be faxed back by Gecko and must clearly appear on each package.

For Gecko's administrative use only!

RMA#:

Thank you!
Please Fax To:
+39-0481-637392

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34070 MOSSA (GO)
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GECKO

Proud member of the Gecko Alliance