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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GECKO

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