

PRODUCT RETURN FORM

Contact: _

Company Name:			
Street Address:		City:	
State/Province:	Zip C	ode/Postal Code:	
Tel. #:	Fax #: Date:		
Preferred Carrier :	Account #:		
*Please note that this carrier and this acco	ount number will be used to ret	turn the merchandise.	
Credit Card:	Expiration Date:		
Detailed Description of Prol	blems Encountered	Serial #	ID#
IMPORTANT			
Note that defective parts can (Returned Material Authoriza by Gecko and must clearly ap	ation Number). This nu	mber will be faxed ba	ack
For Gecko's administrative use only!			
Tor decke 5 damminutative use only.			
RMA#:			

Canadian Customers:
Gecko Alliance Repair Center
450 des Canetons
Quebec QC G2E 5W6
Canada
1.418.872.4411
Fax: 1.866.759.0906

US Customers:
Gecko Alliance Repair Center
c/o Rancourt Logistics LLC
4 Walton Street
Jackman ME 04945
USA
Fax: 1.866.759.0906