

Ph.: 613-936-2400
Toll Free: 855-936-2400

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Fax: 613-936-9104
e-mail: csr@doers.ca
web: www.doers.ca



## **RMA Information Sheet**

Please complete the following request for information so that we may process your repair order efficiently and fax to 613-936-9104 or e-mail to <a href="mailto:csr@doers.ca">csr@doers.ca</a>.

We will then issue an RMA number and provide shipping instructions.

Do NOT send your equipment without an RMA number.

## GENERAL INFORMATION

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Company Name:			
Contact Name:	Phone number	er:	
Email address:	Fax Number:		
Equipment make / model / serial #:			
Standard procedure for Splice Equipment reparamore than \$2000.00. Do you need a general			only if the repair is No □
Please note, a YES answer could de If yes, indicate desired estimate format	-	] verbal □	
TECHNIC	AL INFORMATION	V	
Please describe the problem(s) being experied Provide as much detail as possible: is the problem type of fiber? If yes, which one? Do you have	blem constant? Is the	problem worse	with a specific
We routinely perform general maintenance, clarifications us to test your equipment comp specifications.			
May we perform this maintenance on your equ	uipment?	Yes □	No □