

RMA REQUEST FORM

Today's Date:

Distributor Information

Distributor Name: Branch No. or Location:

Submitted by: Address:

City: State: Zip Code:

Phone No.: Email Address:

Distributor PO (if known)

Distributor Instructions: Replace Product? Yes Provide Credit? Yes

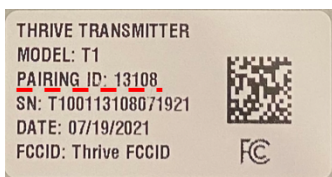
Production Information

No.	Serial Number

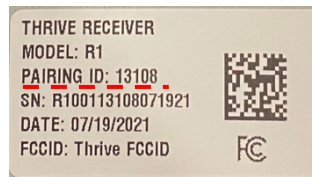
No.	Serial Number

Notes:

The product serial number can be found on either the Transmitter or Receiver. This is required so replacement product can be programmed to a matching frequency. The labels look as follows:



EVO™ Transmitter



EVO™ Receiver

Please send completed form to info@thrivesmartsystems.com

Internal Use

RMA No. Date of Issue