



Please send "RMA Request" to Clarinet if you are in continental USA, otherwise to the local Authorized Reseller whom you purchased from.

44040 Fremont Blvd.  
Fremont, CA 94538  
FAX: 510-249-9661  
Attn: RMA Department  
support@clarinetsys.com

# RMA Request

**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contract:** \_\_\_\_\_  
**Tel#:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Product & Quantity:**

ESB101 \_\_\_      ESB1000 \_\_\_      ESB301 \_\_\_      ESB3011b \_\_\_  
ESB208 \_\_\_      ESB216 \_\_\_      Others: \_\_\_\_\_

Serial Number: \_\_\_\_\_

How was the product purchased: \_\_\_ Direct / \_\_\_ Reseller / \_\_\_ website (mark one)

Purchase date: \_\_\_\_\_

**Operating Environment:** (check all that apply)

\_\_\_ DHCP network      \_\_\_ Static IP network  
\_\_\_ for internal use      \_\_\_ for public use such as kiosk, stores, hot-spot, hotel

**Reason for RMA Request:**

\_\_\_ Ordered the wrong product      \_\_\_ Missing component when received  
\_\_\_ Product has been damaged when received      \_\_\_ Product malfunctions some time after normal operation  
\_\_\_ Product does not function since first received      Others: \_\_\_\_\_

**Provide Description of Problem and Steps Taken to Resolve It:** (Attach separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Above must be completed by you as our customer and returned in order to receive service

Below is for Clarinet's internal use only

**To be completed by sales engineer:** \_\_\_\_\_      **RMA#:** \_\_\_\_\_  
Date customer contacted: \_\_\_\_\_      Date problem first discovered: \_\_\_\_\_  
Problem Analysis & resolution to date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by factory personnel:** \_\_\_\_\_  
Date: PRODUCT received: \_\_\_\_\_      Fixed: \_\_\_\_\_  
Mail to customer: \_\_\_ replacement unit/ \_\_\_ same fixed unit on \_\_\_\_\_  
PRODUCT received at: \_\_\_ good/ \_\_\_ bad condition: \_\_\_\_\_  
\_\_\_\_\_  
Resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_