Date: _____

Page: _____ of _____

ATTN: RETURNS
2424 South 21st Street
Phoenix, AZ 85034
Tel: (602) 445-2552
Fax: (602) 445-2650
Email:Jimk@qdiwireless.com
EMAIL: Jonc@QDIWIRELESS.COM
EMAIL: Chrisv@QDIWIRELESS.COM

RMA Number: _____

QDI RMA Request Form

Company Name: _____

Address: _____

City: _____

Tel: _____

Fax: _____

Email: _____

CONTACT NAME: _____

ALL RETURNS MUST INCLUDE:

T-MOBILE: SIM CARD, SERVICE AGREEMENT, T-MOBILE SUBSCRIBER RETURN FORM

VERIZON: SERVICE AGREEMENT

MODEL	ESN/IMEI/SIM#	Reason	Minutes	Qty.	End user Purchase date	End User Return Date

Please complete this form fully and fax to: **Returns Department** at FAX: (602) 445-2650 Attention:RETURNS

EMAIL:Jimk@qdiwireless.com
EMAIL: Jonc@QDIWIRELESS.COM
EMAIL: Chrisv@QDIWIRELESS.COM

MUST RECEIVE PRODUCT WITHIN 10 DAYS AFTER RMA# IS ISSUED