# Perle RMA Form

Please fax this completed form to Perle at 905-944-2110.

**Return Address Information**

| | |
|---|---|
| Region (Americas, Asia Pacific Rim, Europe): | |
| Courier Name: | |
| Courier Account Number: | |
| Is Return Shipment Insurance Required: | |
| Insurance Value Required: | |
| (currency above value is in): | |
| Contact: | |
| Telephone: | |
| Fax: | |
| Email: | |
| Company Name: | |
| Full Return Shipping Address: (including postal/zip code) | |
| Country: | |

**Product Information**

For expedited repair services please provide full problem details in the Problem Description column.

| Product: | Part Number: | Serial Number: | Problem Description: |
|---|---|---|---|
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