

RMA - Product Return Form

Full Name:			Company Name:		
Email Address:			Reference/Order #:		
Phone Number:			Date:		
Return Address:					
Terminal Details: (One form	m per Terminal/P	IN Pad)			
☐ DESK5000 ☐ DESK3200	DESK1500	☐ MOV	′E2500	00	☐ IPP315
Serial Number:					
Description of fault: (Pleas	se tick)				
Upgrade software and keys only		Alert Irruption		Refurbish*	
Remove Nitro		Dead/Will not power on		☐ Physical Damage*	
☐ Load Nitro ☐ USB Cable ☐ Serial Cable		☐ Will not charge		☐ Liquid Damage*	
☐ Flash Full		☐ Not holding charge		☐ Keypad Issue	
☐ Will not RKI		Replace Internal Battery		☐ Touch Screen Issue	
USB port faulty		Printer Issue		Display Issue	
Swipe Card Issue		Chip Card Issue		Contactless/Paywave Issue	
Connectivity Issue: Ether	net 🗌 WiFi	☐ 3G/4G/	GPRS 🔲 Bluetooth	Modem	
Other issue (please specify)	:			* Not o	covered by Warranty
Accessories included: (Plea	ase tick)				
PSU	External Battery		N:		
Figure 8 Cable	SIM Card		N:		
Magic Box	Terminal Base		N:		
Rear Cover/s	Base RA Number:				
Fixed Price Levels: (Please	note: An Inspection	Fee of \$50) + GST will be charged	as a aunte rejection t	faa)
Quote Before Repair	note. All mispection	1100 05 430	_	, , ,	
			Electronic Rep (Swipe Card, Chip	aır – PIN Pad Card, Contactless, Displa	\$110 + GST y, Connectivity, etc)
Inspections & Testing (Inspection, Testing & Reactivation)		+ GST			
		+ CCT		air – DESK Range Card, Contactless, Conne	\$150 + GST ectivity, Touch Screen,
Cosmetic Repair/Refurbisl (Physical Damage, Cable Cover, I		+ GST Lens, etc.)	Display, Printer, e		,
MOVE Base (Charging Issue, Connectivity, etc.		+ GST	•	air – MOVE Range Card, Contactless, Conne harging, etc)	\$195 + GST ectivity, Touch Screen,
Approved By: (Name)					Not covered by Warranty
AUDIOVED BY: (MAMP)			1		

Date: 2023-03-06 Document Number: SRD:001 Revision: 001