

ICEpower RMA Form

RMA Number:

Date: _____

Page: _____ of _____

Customer Number: *optional* For further questions concerning your RMA case please contact:

<p>Failure appearance</p> <ul style="list-style-type: none"> Constant 1 Intermittent 2 Delayed 3 Cold condition 4 Warm condition 5 Mechanical stress 6 Others 9 	<p>Failure description</p> <ul style="list-style-type: none"> 1 No function 2 Out of specification 3 No output 4 No aux voltage 5 Output stage DC offset 6 Output stage shortcut 7 Power supply defect 8 Mechanical damaged 9 Others 	<p style="text-align: center;"><i>Please handle ICEpower products in ESD safe areas!</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>Company :</p> <p>Person :</p> <p>Address :</p> <p>Zip/City :</p> <p>Country :</p> <p style="font-size: small;">Return address: ICEpower a/s Vandtårnsvej 62A 3.Sal DK-2860 Søborg Denmark</p> </div>
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Module Type	1	2	3	Serial Number	Comments
0	125ASX2	1	1	3	01011D.D900123 Aux Voltage OK!
1					
2					
3					
4					
5					
6					
7					
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12					
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14					
15					
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17					
18					
19					
20					

Total amount of modules:

Please return the printed form together with the defective ICEpower products.
PACKAGING: Please follow the packaging instructions in the ICEpower RMA Guidelines to ensure proper warranty coverage.
 RMA Number should be clearly marked on the outside of the package.

RMA Form Version: 2.7

