

Service request document

Return address:	RMA-Number:
	(will be given with receipt of goods) Sender:
noax Technologies Corp.	
5265 Parkway Plaza Blvd, Suite 110	Company:
Charlotte, NC 28217 (recipient state)	Contact person:
	Ctroots
	ZIP, City:
(recipient state)	State:
Phone: +1 704 992 1606	
Fax: +1 704 992 1712	Processing No.:
Internet: http://www.noax.com/en	Phone:
E-Mail: hotline@noaxna.com	Cellular phone:
	Fax:
5 4 4 5	^I E-Mail:
Product / Type:	
	Date of purchase:
	— Purchased from:
Serial number (SN):	□ noax Technologies
Certai Hamber (Civ).	
Accessories (please list all accessories returned	with this equipment):
SN:	
SN:	
SN:	
Description of problem / activities:	

General instructions:

- 1. Please fill out this form completely and attach it outside of the shipping box.
- 2. For the protection of our team, we politely ask you to please clean the device before sending.
- 3. Also ship the external power supply.
- 4. Returned product must be packaged in original form and box.
- 5. The average repair time is typically 5 working days.
- 6. A diagnostic fee of \$100.00 USD will be charged if no error is detected or if the repair estimate is rejected.



Best regards

Your noax Service Team