



Return / Repair Form

Case Number: _____

Company / Agency: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State Zip Code: _____

Items Returned: _____

include part number(s), quantity & serial number(s)

use back of page for additional space

Instructions / Comments:

Please send all items, along with this form, to:

Setcom Corporation
Attention: Repair Department
3019 Alvin DeVane Blvd., Suite 560
Austin, TX 78741