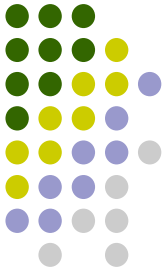


GPOS LTD
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New Zealand
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info@gpos.co.nz

Phone: +64 9 6388288



Section A: RMA APP Form

Company Information

Company Name _____

Trading Name _____

Shipping Address _____

Invoice (Contract) No. _____ Phone No: _____

Contact Name _____ Mobil No: _____

E-mail _____

Section B: Faulty Item Detail

GPOS Equipment	Serial NO	Faulty Reason

I/We the agreement for the GPOS Account hereby declare that the information given in this form is true and correct (Section A and B).

Also I/We authorize GPOS Ltd to Direct Debts From Our Accounts If We can not pay the repair cost in 7 Days.

Print Name: _____ Signature: _____ Date: _____

GPOS Office Use:

*Return Date: _____ * Supply RMA NO: _____

*Repair Note: _____

*New Serial NO: _____

*Repair Inv No: _____ Credit Inv NO: _____

*Shipping Date: _____ Shipping No: _____

Sacn: Upload :