



Request for eBeam RMA

Company Name _____

Contact _____

e-mail _____

Phone _____

FAX _____

Billing Address _____

Shipping Address _____

Product/Model: _____

Serial Number: _____

Place of Purchase _____

Date of Purchase _____

Problem Reported _____

Please return this form to: Luidia, Inc.
125 Shoreway Rd, Building D
San Carlos, California 94070
Fax: 650-413-7505
Attention: support@luidia.com