

RMA REQUEST FORM

Please fill out this form as complete and as legibly possible:

Signature:		Date:	Thanks for the cooperation
this the problem should be described with	y covering manu the greatest pos	facturing defects only. Proof of pussible accuracy. DOA ("dead on arri	orchase is the invoice and is necessary in order to perform any service. The products are tested only for the problems presented; b ival") has to be reported until 72 hours after receipt of the goods. Any damage on the products either in the original packaging or i les including software and hardware in its original packaging and condition.
Our Ref. or a brief description	QTY.:	Serial Nr.	Problem Description
CONTACT:		TELEPHON	NE: E-MAIL:
CLIENT NAME/CODE:			

