RMA Request

(please enclose this form sheet with the defective device.)

To:

Company _____

Street / Postal code / City: _____

_____

Contact details for further inquiry:

Contact person: _____

Phone: _____

Email: _____

Device type:

☐ PC card ☐ Peripheral device ☐ Complete system ☐ Other: _____

Device name: _____

Serial number: _____

Error description*:

*) To enable fast processing, please give us a precise error description. Thank you.

An inspection fee with approx. € 275 will be charged for the inspection for each of the returned goods.
In the case of a repair to be carried out, these inspection costs do not apply.

Date: Sign: