

RMA (Return Material Authorization)

Sender / Contact information

Company _____ Date _____
Contact _____ Customer no. _____
Phone _____
E-mail _____

Product

Product _____ Model _____
Make _____ Serial no. _____

Description of failure

Return - Delivery address

Invoice address

Company _____ Company _____
Address _____ Address _____
Postal no. _____ City _____ Postal no. _____ City _____
Reference _____ Reference _____
Other _____

Any accessories shipped with the product: _____

Complete this RMA and send it attached with the product to:

Botek Systems AB
Rönnåsgatan 5A
SE-523 38 Ulricehamn
Sweden

