

Return Material Authorization Form

Please fill in this form and return it together with the defect device to the following address:

Primion Technology GmbH
Steinbeisstraße 2-5
72510 Stetten a.k.M.
Germany

Phone: +49 7573 952-910
Fax: +49 7573 92034
E-mail: repair@primion.eu

RMA No.:

will be completed by Primion!

Date:

Sender:

Company:

Contact person:

Your reference:

Street:

Postcode, city:

Phone No.:

E-mail address:

Delivery address, if different:

Street:

Postcode, city:

We are sending you the following components for:

repair with previous cost estimate

repair without cost estimate

rework

warranty service (please attach proof of purchase)

old RMA number:

A maximum of 10 items per Return Material Authorization Form can be sent in!

To be able to carry out a faster repair check, we ask you for a detailed description of the error. Please do not just enter "malfunction" in the "error description" field.

Item 1:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 2:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 3:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 4:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 5:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 6:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 7:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 8:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 9:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description:

Item 10:

Item No.:

Description:

S/N / barcode:

MAC address:

Error description: