

Return material authorization form for expertise and repair

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To be filled by CMS

Date

Signature

Authorization RMA N°

RMA

Customer name			System	
Address			Application	
Town with zip code			Delivery date	
Phone		Warranty		
Contact person			Request date	
Quantity	Description of Equipment		Serial Number	
Error description				
Corrective action performed by the customer prior to RMA request				

To be filled by customer

Date

Signature

Shipment back made on