

# Form for registering the Return of old devices

## Client

Company:	
Name:	
Address:	
ZIP:	City:
State	
eMail:	
Phone:	

## Old device

Description (if possible serial number or invoice number):
Estimated weight (kg):

### Note

Please fill out completely and send it by email / post. You will then receive an RMA number, which you should attach to the outside of the packaging in a legible manner.

The shipment will not be accepted without a visible RMA number!