

rma form

RMA FORM

Customer
Date of purchase
Maintenance contract validity
Product name	<input type="checkbox"/> Rigi/Saenits <input type="checkbox"/> Pilatus/Titlis <input type="checkbox"/> Eiger <input type="checkbox"/> Other (e.g. Tape)
Serial no. of device
Defect (please describe in detail)
I can be contacted by	<input type="checkbox"/> Telephone <input type="checkbox"/> E-mail
Replacement	<input type="checkbox"/> Repair device and ship back <input type="checkbox"/> Send new device (defective device will be sent to Archivista Ltd within 14 days!)
Mode of dispatch for repaired or new device	<input type="checkbox"/> Swiss Post <input type="checkbox"/> DHL <input type="checkbox"/> Other
Place and time
Please leave empty; for internal use only	
RMA number
Contact person
Measure taken

