

RMA-Request

KONTRONIK

Address	Sender Address
Dr. Ben Minor KONTRONIK Service USA 8518 Holly Hill Rd. Richmond, VA 23229-5718	Name: _____ Street & _____ Number: _____ Place of residence: _____ Postcode: _____ E-mail: _____ Phone: _____

RMA - No. <input type="text"/>	Customer Reference: <input type="text"/>
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Please do not return goods without RMA-No.

Reason for Return

<input type="checkbox"/> warranty service [enclose copy of invoice]	<input type="checkbox"/> Update
<input type="checkbox"/> *Repair	<input type="checkbox"/> others

***Please be aware that for complaints/repair requests for parts which are out of warranty period a handling charge and inspection costs will arise.**

Only to be completed for warranty claims / repair
Problem Occurs: <input type="checkbox"/> Constantly <input type="checkbox"/> Intermittently
Please describe the problem with as much detail as possible. _____ _____ _____ _____ _____ _____
Notes: Shipping charges are the responsibility of the customer. Please do not send packages with shipping charges due. Warranty claims can only be made with a proof of purchase.