RMA-FORM.

After receiving the RMA number, send the product with the corresponding number to the following address:

Remoticom BV.
Test & configuration
Kraaivenstraat 25-41
5048 AB Tilburg - NL

COMPANY.	COMPANY.		PHONE.	
CONTACT PERSON.		MAIL.		
ADRESS.				
POSTAL CODE & CITY.		SEND DATE.		
ARTICLE NUMBER.	INVOICE NUMBER.	SERIAL NUMBER.	FIRMWARE VERSION.*	
	broken/defect is not a clear descripti	on).		
MPORTANT.	ne RMA number must be placed on th			
MPORTANT.	ne RMA number must be placed on th			
MPORTANT.	ne RMA number must be placed on th	e packaging.		
MPORTANT. When shipping the product, the product of	ne RMA number must be placed on th	e packaging. e completed by Remoticom:		
MPORTANT. When shipping the product, th	ne RMA number must be placed on th	e packaging. e completed by Remoticom:		

Date:



Date: