

RMA Service Request Form  
Rev. Aug 2010



Date \_\_\_\_\_

Ticket No. \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No \_\_\_\_\_

Fax No \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Return Shipping  
Address \_\_\_\_\_  
\_\_\_\_\_

(Leave blank if same as  
company address)

Reason for returning  Repair

Testing

| Serial Number | Failure description / Testing to be done |
|---------------|--|
|               |  |
|               |  |
|               |  |
|               |  |

**Please Note:**

1. Please ensure that you have raised a ticket which provides complete details concerning this RMA. The ticket must be acknowledged by Inventum advising RMA filing. The associated Ticket number must be printed in the green field above.
2. Please fill out this form, and place it in the box containing the faulty material. Mark the box "No commercial value, sending for repairs to vendor"
3. Service for material received without this form, will be REJECTED.
4. Please note that Inventum shall not responsible for shipping charges, taxes, customs duty, etc.

\_\_\_\_\_  
Authorized Person

\_\_\_\_\_  
Date