Sommer Messtechnik: RMA Form

Device Type:	
Serial No.:	
Reseller	
Company name:	
Contact person:	
Street:	
Zip Code / City:	**Country:**
Tel. No. contact person:	
E-Mail contact person:	
Customer	
Company name:	
Contact person:	
Street:	
Zip Code / City:	**Country:**
Tel. No. contact person:	
E-Mail contact person:	
Error description:	
Error occurs: **□ Immediately after it is switched on** **□ After …….. Min. / Hours.** **□ Sporadically**	

Please complete this form as completely and correctly as possible to ensure fast handling of the RMA process.

Please send the device with this printed form to the following address:

Sommer GmbH
Strassenhaeuser 27
6842 Koblach
Austria

Date:	**Signature:**