

RMA-Request

Please ask for a valid RMA-Number, before sending!



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email: a.palaiologos@apsm.gr
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Customer No.

Company Name

Contact Email

Phone-No

Fax-No.

Delivery address

RMA-Nr./No.: <hr/> <small>Is awarded by APSM!</small>

Following product we want to return (one form per product):

Invoice Number

Invoice Date

Article Number

Quantity

Product description

Serial Number

Manufacturer Number

Accurate description or other reason for return

Please sent us the product with the complete accessories.

<p style="text-align: center;">I agree with the conditions for returns and terms.</p> <p>Date: <input type="text"/></p>

******* To be completed by APSM *******

Products received on: _____	() Transpotation Company	Return on: _____
_____	() Collector	Relevant Date: _____
Colleague _____		Article Condition: _____