

RMA-Request



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

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 of the problem or other reason for return

Please sent us the product with the complete accessories.

Please read our "Conditions for returns" for the handling of a warranty. I agree with the conditions for returns and terms.	
Date: <input type="text"/>	Signature: _____

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

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