

RMA Form

Please create a separate form for each device!

Please enter the RMA No. assigned by TTE:

RMA No.:



Customer		
Address for Collection / Return:	Contact Person:	Date:
	Phone Number:	
	E-Mail Address:	
	Customer internal Claim ID (optional):	
Device Manufacturer:	Device Type:	Serial Number:
Device History:		
<input type="checkbox"/> The device has been used productively since		Date:
<input type="checkbox"/> First installation: Device was in its original packing.		
<input type="checkbox"/> The Device was used for testing (Software test etc.) since:		Date:
Error Frequency:		
<input type="checkbox"/> constantly <input type="checkbox"/> in irregular intervals <input type="checkbox"/> in regular intervals, frequency:		
Last action before malfunction (last message, ...):		
Description of the malfunction:		
Warranty:		
<input type="checkbox"/> Device with warranty <input type="checkbox"/> Unknown		
Has the Support been contacted?		
Yes, per: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone		with: contact person TTE-Europe GmbH

TTE-Europe Repair Report (to be filled in by TTE)		
Project:	Date of Receipt:	
Error Cause:	Error Correction:	
Changed Parts:		
Position	Article	Quantity
Quality Assessment:		
Date:	Employee:	Signature:
Warranty	Yes	No
End of Warranty:		
Clearance	Date:	
Date:	Responsible:	Signature:

Please enclose this form with your shipment!