

# Return Material Authorization Form

Please fill in this form and return it together with the defect device to the following address:

**primion Technology GmbH**  
**Steinbeisstraße 2-5**  
**72510 Stetten a.k.M.**  
**Germany**

Phone: +49 7573 952-910  
 Fax: +49 7573 92034  
 E-mail: [repair@primion.eu](mailto:repair@primion.eu)

**RMA No.:**  *will be completed by primion!*

**Date:**

**Sender:**

Company:   
 Contact person:   
 Your reference:   
 Street:   
 Postcode, city:   
 Phone No.:   
 E-mail address:

**Delivery address, if different:**

Street:   
 Postcode, city:

**We are sending you the following components for:**

- repair with previous cost estimate
  - repair without cost estimate
  - rework
  - warranty service (please attach proof of purchase)
- old RMA number:

**A maximum of 10 items per Return Material Authorization Form can be sent in!**

**To be able to carry out a faster repair check, we ask you for a detailed description of the error. Please do not just enter "malfunction" in the "error description" field.**

**Item 1:**

Item No.:   
 Description:   
 S/N / barcode:   
 MAC address:

**Error description:**

**Item 2:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 3:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 4:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 5:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 6:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 7:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 8:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 9:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**

**Item 10:**

Item No.:

Description:

S/N / barcode:

MAC address:

**Error description:**