



RMA request form

(Authorized return with RMA – No.)

Id.- Nr.: VM - FB – 2002
Rev.: B
Date: 01.01.2018

RMA - No.: <small>(provided by KTS, request via Email: support@kts-systeme.de)</small>	Date:
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Customer:	Delivery number: Order confirmation: (if delivery number not available) Distributor: (if not delivered by KTS)
Contact person:	
Tel.:	
Fax.:	
E-mail:	

Product name:	
Part number:	Serial number:

Reason for returning: (please mark the reason here)

<input type="checkbox"/> Repair	<input type="checkbox"/> Return from trial / training	<input type="checkbox"/> Return for credit
<input type="checkbox"/> Exchange	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Warranty
<input type="checkbox"/> Other:		

Problem description: (as detailed as possible)

<input type="checkbox"/> Out of box failure	<input type="checkbox"/> In service failure after _____ months	<input type="checkbox"/> In service failure after > 24 months
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Configuration: (if relevant)

Environment: (if relevant, including operation systems, interface, temperature etc.)

Tests performed issue reproduction:
 (If done, please note name of examiner, date and add test result)

Delivery address:

KTS GmbH
 Qualitätsstelle
 Memelstrasse 138

 D 41238 Mönchengladbach / Germany

Return address:



Please include this RMA request form with the product!