

Microplex Printware AG
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RMA	
Reference	
Date	

Company	
Street	
Postcode	
Issuer's name	
Email	
Tel.-Nr.	
Fax.:	
Reference Number	

Printer Type	
Printer Serial Number	
Counter Printer	

Repair		Warranty request		Parts warranty	2 years	3 years

Part-Number	
Part-Name	
Part Serial Number	
Counter of Lifetime (Part)	
Delivery Date	
Invoice Number / Number of Deliverynote	

Date Defect Occured ?
 Description of failure:
 What measures have been initiated for troubleshooting?

Please add this filled form to your shipment, otherwise MICROPLEX will not accept the items and send them to sender at his costs