

Request for Merchandise Return

This form is reserved for a return authorization number (RMA) request for defective products.

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|-------------------|----------------------|-------------|----------------------|
| Name of requester | <input type="text"/> | Date | <input type="text"/> |
| Company | <input type="text"/> | N° Customer | <input type="text"/> |
| Adress | <input type="text"/> | Phone | <input type="text"/> |
| Zip-code | <input type="text"/> | Fax | <input type="text"/> |
| City | <input type="text"/> | e-mail | <input type="text"/> |

| Invoice number | Product reference | Serial number | Qty (products to return) |
|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Problem description | <input type="text"/> |
| <input type="text"/> | |

Instructions for completing the RMA form:

- Fill in the entire form as clearly as possible. The description of the problem must be detailed.
- Send your completed form by e-mail to: contact@thermogroup.com
- You will receive a return agreement including an authorization number and additional instructions by e-mail.