



RMA #

Customer Assigned RMA Number
(Letter followed by 4 Digits)

CMS ING. DR. SCHREDER GMBH
RETURN MATERIAL AUTHORIZATION FORM

BILL TO ADDRESS (<input type="checkbox"/> SAME AS SHIPPING ADDRESS)		SHIP TO ADDRESS	
Organization:		Organization:	
Address:		Address:	
City:		City:	
State / Region:		State / Region:	
Postal Code:	Country:	Postal Code:	Country:
Contact Name:		Contact Name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
EQUIPMENT BEING RETURNED			
Model:	Quantity:	Serial Number:	
Model:	Quantity:	Serial Number:	
Model:	Quantity:	Serial Number:	
REASON FOR RETURN			
<input type="checkbox"/> Repair	<input type="checkbox"/> Service	<input type="checkbox"/> Warranty	<input type="checkbox"/> Calibration
PROBLEM / DESCRIPTION (Check all that apply and describe in detail below)			
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Sensor calibration	<input type="checkbox"/> Software Update	<input type="checkbox"/> Damage due to handling
<input type="checkbox"/> Environmental conditions	<input type="checkbox"/> Lightning, power surge	<input type="checkbox"/> Humidity	<input type="checkbox"/> Analog signal output
<input type="checkbox"/> Power supply	<input type="checkbox"/> Intermittent Operation	<input type="checkbox"/> Scratch on glass dome	
<input type="checkbox"/> Serial Communication	<input type="checkbox"/> TCPIP Communication	<input type="checkbox"/> Connection to Computer	<input type="checkbox"/> Other
DESCRIPTION: (Please give as complete a description as possible. Please email log-files if available. Include all necessary parts / components with the shipment.)			
Date:	Name:	Telephone:	Email: