



RMA FORM DISCORP

Please complete this form as indicated and submit to DISCORP NV - rma@discorp.be An RMA number will be signed upon approval.

Customer Information

| | |
|------------------------|--|
| Company name: | |
| Contact person: | |
| Address: | |
| Postal code: | |
| City: | |
| Phone number: | |
| E-mail address: | |

Customer Information

| Order/invoice n° | Discorp P/N | Serial/IMEI number |
|-------------------------|--------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Discorp Information

Failure description – Comments

| |
|--|
| |
|--|

RMA number:

Comments

| |
|--|
| |
|--|

Please add this document to the box and send it back to the address below. We will replace/repair your product as soon as possible.

Discorp NV/SA
Vosveld 21 b - 2110 Wijnegem -
Belgium Tel +32 3 248 82 24 - Fax
+32 2 216 95 34
rma@discorp.be