# RMA REQUEST & CLAIM FORM

MEDIA COM®

**MediaCom IT-Distribution GmbH**
**RMA**
Gewerbering 37
D-76287 Rheinstetten

**Your Reference Number:**

**Fill in and return to:** **rma@mediacom-it.de**

**IMPORTANT NOTICE: Please also observe the additional information in our separate RMA request documentation!**

## YOUR DATA

**IMPORTANT: Please fill out all fields in this section to ensure fast RMA processing.**
Please also note our information on data protection: www.mediacom-it.com/datenschutz

Customer No. ..... Company ..... Contact Person .....

Telephone ..... Email Address .....

**In case of transport damage or return of goods please also fill out the following fields.**

☐ **Apparent Damage** ☐ **Conceiled Damage** **SVS/RVS Fwd. Insurance Exempt?**

☐ **Return of Goods** ☐ **yes** ☐ **no** (Mandatory field)

## ITEM 1

Product ..... MediaCom No. ..... Quantity ..... Serial No. (Optical Drives, HDD, SSD) .....

Error Description (Please be as specific as possible. „Defective" or „no function" is not sufficient) ..... Invoice No. .....

## ITEM 2

Product ..... MediaCom No. ..... Quantity ..... Serial No. (Optical Drives, HDD, SSD) .....

Error Description (Please be as specific as possible. „Defective" or „no function" is not sufficient) ..... Invoice No. .....

## ITEM 3

Product ..... MediaCom No. ..... Quantity ..... Serial No. (Optical Drives, HDD, SSD) .....

Error Description (Please be as specific as possible. „Defective" or „no function" is not sufficient) ..... Invoice No. .....

## ITEM 4

Product ..... MediaCom No. ..... Quantity ..... Serial No. (Optical Drives, HDD, SSD) .....

Error Description (Please be as specific as possible. „Defective" or „no function" is not sufficient) ..... Invoice No. .....

v2.3-250120

Date ..... Place ..... Name and/or Signature .....