RMA REQUEST & CLAIM FORM



MediaCom IT-Distribution GmbH RMA

Gewerbering 37 D-76287 Rheinstetten **Your Reference Number:**

Fill in and return to: rma@mediacom-it.de or by fax: (+49) 07242/70245-79

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

	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			
OUR DATA	Customer No.	Company		Contact Person
YOUR	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)
TEM 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)			
TEM 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)			
rem 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)			
TEM 4	Product	MediaCom No.	Quantity	Serial No. (Optical Drives, HDD, SSD)
	Error Description (Please be as specific a	as possible."Defective" or "no func	tion" is not sufficient)	
ate	Place Name and/or Signature			and/or Signature