

RMA service

If contrary to expectations, you have a problem with your product, please complete this RMA form and wait for us to contact you.

General Information

Company: _____

First name:* _____

Surname:* _____

Street:* _____

POSTCODE:* _____

City: * _____

Phone* _____

Fax: _____

E-mail:* _____

Would you like to specify a separate collection address?

Company: _____

First name:* _____

Surname:* _____

Street:* _____

POSTCODE:* _____

Street:* _____

Order number:* _____

What is the product? _____

Item number _____

For projector replacement lamps, please state the serial number of the projector:

**Description of the defect: Has the described defect occurred more than once?
If so, how often and when?**

Have the goods been previously repaired? If yes, where?

Proof of purchase present Yes No

Guarantee certificate is present Yes No

Preferred type of solution (for private customers only):

Refund

Reduction

Exchange

When all fields are filled in, you can send us the PDF by email. Please take care to ensure that all fields marked with a * are completed.