



RMA FORM

TOPSCCC GmbH
Service Center
Himmelgeister Strasse 100
40225 Düsseldorf

RMA No. _____
(request from TOPSCCC)

Company: _____
Contact Person: _____ Shipping date: _____
Phone: _____ Fax: _____
Email: _____

- DOA (Dead on arrival)
RMA (Returned Merchandise Authorization)
OOW (Out of Warranty). Repair up to \$ _____
ECI (Estimated Cost Invoice) \$90 fee. This amount will be subtracted from the repair bill.

Returned Product

Model No.: _____
Serial No.: _____
Invoice No.: _____ Invoice date: _____

Operating Environment

Operating System: _____

Failure description

Comments

Return shipment

- Including copy of Invoice.
- Delivery free domicile.
- Professionally packing fulfil the ESD guidelines.
- If no functional issues a \$90 non-refundable diagnostic fee will be charged.

City: _____ Date: _____ Signature: _____