

NORRIS PRINT-TECH - RMA FORM

The form **must** be completed and enclosed in the box for each unit sent.



Date*:	
Company*:	
Contact Person*:	
Telephone no.*:	
E-mail:	

Manufacturer/Brand*:											
Model*:											
Serial no.*:											
Error description*:											
Supplied parts (such as PSU/Battery/Ribbon/Labels):											
Warranty (Check either "YES" or "NO"):	<table border="1"> <tr> <td>YES:</td> <td></td> <td>NO:</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	YES:		NO:							
YES:		NO:									
Service contract number (if such exists for the product):											
Requisition/Order no. if applicable:											
Return address*:											
Invoice address (if the address differs from the return address):											

Submit to:

All of the above fields with an asterisk "*" must be completed.

Norris Print-Tech A/S
Sofiendalsvej 81
DK-9200 Aalborg SV
Denmark
Att.: Service department

Norris Print-Tech A/S • Sofiendalsvej 81 • DK-9200 Aalborg SV
 Tel. +45 98 18 17 77
 VAT no. 25 10 05 73
 info@npt.dk
 www.npt.dk

