



Return material authorization form for expertise and repair

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RMA

Customer name		System	
Adress		Application	
Town with zip code		Delivery date	
Phone		Warranty	
Contact person		Request date	

Quantity	Description of equipment	Serial number

Error description

Corrective action performed by the customer prior to RMA request

To be filled by CMS	Authorization RMA N°	To be filled by customer	Shipment back made on
Date		Date	
Signature		Signature	