

## **RMA Form**

### **Issuer contact information**

\_\_\_\_\_  
company

\_\_\_\_\_  
street, flat, suite.

\_\_\_\_\_  
zip

\_\_\_\_\_  
RMA # (assigned by Baaske)

\_\_\_\_\_  
date

\_\_\_\_\_  
customer #

\_\_\_\_\_  
city

\_\_\_\_\_  
customer number

### **product details**

\_\_\_\_\_  
article number

\_\_\_\_\_  
description

\_\_\_\_\_  
QTY

\_\_\_\_\_  
serial number (if available)

\_\_\_\_\_  
invoice no.

\_\_\_\_\_  
invoice date

### **failure description/reproduction steps („defective“ is no failure description):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RMA procedure:

**1.** Fill this form completely (except RMA number). **2.** Send this form by fax or e-mail to support@baaske.net **3.** Wait for our confirmation and RMA Number by fax or e-mail. **4.** Make sure that accessories (cables, manuals..) are complete. **5.** Send defective items to:

Baaske Medical GmbH & Co. KG  
RMA department  
Bacmeisterstraße 3  
32312 Lübbecke  
phone 05741 2360 270  
fax 05741 2360 2799