

## RMA request form

	Yes	No
Approved		
RMA#		
Issuance date		
<i>(to be completed by CLB)</i>		

### Return procedure:

1. Fill out the fields of this RMA request form, as specified below
2. Save the changes made in the form
3. E-mail the form with a copy of purchase receipt to [repair-shop@CLB.nl](mailto:repair-shop@CLB.nl) for approval
4. Include a copy of the approved RMA form in the parcel
5. RMA# is valid for 21 days from the date of issue

**Date**

**Dealer name**

**Contact name**

**E-mail**

**Address**

**City/State**

**Telephone**

**Zip Code**

**Country**

**Customer**

(if applicable)

**Location**

**Product name**

**Serial number**

**Description of malfunctioning**

Send concerning products incl. approved RMA form and purchase receipt to

**CLB Repair-Shop**

G.G. Schipperstraat 24, 1483 GE De Rijp, Netherlands.

Buyer pays return postage.