



Appendix 1

El-Cab Sp. z o.o., SERVICE

Obornicka Street 37

Bolechowo-Osiedle, 62-005 Owinska

RMA Form

(Please fill out a separate entry form for each device)

Entry ref:

(completed by El-Cab service)

Customer details:

Company name:.....

Contact person:

Street:

ZIP, City:

E-mail:

Phone number:

Product Information:

Device name/article number:

Serial number:

Reason for submission:

- Warranty repair, purchase document number
- Paid repair
- Complaint after repair
- Return of a replacement
- Incorrect delivery

Fault description: (please provide a detailed description of the equipment fault)

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Phone (61) 8118 625 e-mail: serwis@el-cab.com.pl - www.el-cab.com.pl