

RMA Request

This RMA request form must be filled in to handle any products that you are returning Creo. Send this form to Creo (Kodak IL). This RMA will be effective for 30 days. If we have not received the articles by then we delete the matter.

Att: Iris Tubi

Email: Iris.tubi@creoservers.com

Request for RMA No.: _____ / _____

For the following goods to be returned / repaired.

Company Information					
Customer name:			Country:		
Address:			Contact:		Phone:
Zip code:	Postal Address:		Email:		Fax
Information about return address – if other than above					
Customer name:			Country:		
Address:			Contact:		Phone:
Zip code:	Postal Address:		Email:		Fax
Part number	Product name	Serial number	Invoice number	Invoice date:	Cost of goods
Reasons why you want to return the article: <ul style="list-style-type: none"> <input type="checkbox"/> Warranty Repairation <input type="checkbox"/> Dead on Arrival (DOA) <input type="checkbox"/> 30 Days sale or return <input type="checkbox"/> Replacement Service <p>Error description / Other information: _____</p>					

Point of Purchase (Distributor / Reseller):

<p>Warranty Service:</p> <ul style="list-style-type: none"> - A copy of the invoice(s) must be attached to this document. - The customer will pay freight charges; return from Creo will be free of charge. - If no defect is found and the product is working, an inspection fee will be charged. 	<p>Return goods:</p> <p>Kodak IL 7 Hatnufa St. ,Petach-Tikva Kiryat Arie, 49002 Israel Attention: service center Vat #512870783</p>
<p>Loan / purchase on approval:</p> <ul style="list-style-type: none"> - The product shall be returned in original packaging and in a sellable condition, other wise you will be charged for this. 	<p>Creo do not collect parcels that have to be fetched at a post office, like economy parcel and cash on delivery.</p>