Return Merchandise Authorization Form (RMA)

FOR OFFICE USE ONLY	
RMA number	
Date Issued	
Issued By	

Company Information (* = required fields)	
*Company:	*City/State:
*Contact:	*Country:
*Address:	*Telephone:
*Postal/Zip Code:	*E-mail:

Please always return the product(s) with the power supply (if applicable)

Product(s) Information	
*Part number(s):	*QTY:
*Serial number(s):	
*Date of purchase:	
*Contact at Profitap / Profitap partner:	

* Reason(s) for return:	
1	
2	
3	

Return instructions. Please read carefully before returning the product(s)

Profitap is not responsible for any damage caused during transport.

Make sure you have received an RMA number before returning the product(s).

Only products under warranty will be returned at Profitap's expense.

Pack the product(s) securely and ship to the address below:

Profitap HQ B.V.
High Tech Campus 84
5656AG Eindhoven
The Netherlands

Contact person: Angeline Zeeuwen
Phone number: +31 (0) 40 782 0880