

RMA Request

Fields to be filled by partner

Company:*	
Country:	
Address:	
Tlf:	
Contact person:	
E-mail: *	

* Required field

Fields to be filled by ZKTecoEU

RMA Nº	
Request date:	
Technician:	
Reception Date:	
Repair Date:	

State list	1-Solved	2-Waiting	3-Not solved
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Product Information

#	Model		Serial Number		Invoice Date	
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Please explain the problem in detail, our technicians will test just the issue described in this field

Problem Description

Warranty		State		Action	
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#	Model		Serial Number		Invoice Date	
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Warranty		State		Action	
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#	Model		Serial Number		Invoice Date	
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Warranty		State		Action	
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#	Model	<input type="text"/>	Serial Number	<input type="text"/>	Invoice Date	<input type="text"/>
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Warranty State Action

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