

RMA Form No.:

To: Retouren@cloos.de

Request for the return of spare parts

Please fill in the following RMA form correctly and completely for a smooth return processing.

The return shipment has to be free domicile.

Contact information:

Company	
Customer number	
Contact	
Address	
Zip code/Town	
E-mail	

Purchase information:

Invoice number	Invoice date

Product information:

Quantity	Part number	Designation	Serial number	Return reason

Send
Delete form