

# RMA form scanner

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Date:

Customer number

Company

First name

Last name

Street

Zip / Place

Tel./Fax

E-Mail

Product name

Serial number

Please specify exact error description

The following parts were sent with the defective goods

Please enclose with the defective product and send to:

**CADstar Österreich**  
**Grasslau 30**  
**5500 Bischofshofen**

Signature

**Important:** Claims for repair can only be made if the original packaging or packaging equivalent to the original packaging is used. In case of defects immediately after delivery, the manufacturer's packaging must be used in any case.