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## **RETURN MERCHANDISE AUTHORIZATION (RMA) FORM**

**RMA no:**

**DATE:**

**CUSTOMER NAME:**

**ADDRESS:**

**CITY + ZIP:**

**COUNTRY:**

**CONTACT: PHONE NO.:**

**EMAIL:**

**MODEL NO. + SERIAL NO.:**

**DESCRIPTION OF PROBLEM:**

**SIGNED DATE NEEDED:**

**RETURN ADDRESS:**

**PLEASE WAIT FOR APPROVAL BEFORE RETURNING PRODUCT TO:**

T4SCIENCE SA  
Vauseyon 29  
2000 Neuchâtel  
Switzerland