**X-Rite RMA Request Form**

**Please complete this form and send it back by email:** serviceindia@xrite.com **or Tel : 8762758126. Upon receipt of the completed form we will contact you with an RMA number and to coordinate with the shipment**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Billing Address:** |  |
| **Shipping Address** **if different from above:** |  |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |
| **Contact Person:** |  |
| **Your PO Number** |  |
| **Model type:** |  |
| **Serial Number:** |  |
| **Error description** |  |
| **Type of service requested:** | **□ Flat rate Repair □Certification □ Warranty** |
| **Preferred Return shipment** **Method.** |  |