

RETURN MATERIAL AUTHOTIZATION (RMA) FORM

PIEGA
S W I T Z E R L A N D

General Information

Company Name: _____

First Name: _____

Last Name: _____

Address: _____

ZIP Code / City: _____

Email Address: _____

Phone Number: _____

Return Delivery

Collection in Horgen

Planzer / Freight forwarding company

Product Information

Brand: _____

Date of Purchase: _____

Model: _____

Serial Number: _____

Accessories: _____

Packaging: _____

Detail Failure Information

Permanent

Occasionally

no sound

no function

remains in Standby / Cannot be switched on

Mechanical damage

Network problems / Pairing problems

Warranty case

Please enclose proof of purchase / warranty receipt

Billing

Billing

An expense share of CHF 80 will be charged for rejected cost estimates. If the cost estimate is approved, the costs for the estimate will be of course free of charge.

Create a cost estimate: Yes No

From CHF: _____

Date/Place: _____

Signature: _____

Important for repairs within Switzerland

Please include the completed form with the device or speaker and send it to the following address:
PIEGA SA, Bahnhofstrasse 29, CH-8810 Horgen

Important for repairs within Europe

Please include the completed form with the device or speaker and send it to the following address:
SG Spedition GmbH, c/o PIEGA SA -Reparaturservice, Hauptstrasse 99, DE-78244 Gottmadingen