



**RMA FORM**

Company/Consumer Name

Street  Order/Invoice Nr.

City, Zip code  Phone Nr.

Country  E-Mail

	Model	S/N	Defect description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

1. Please fill in this form and enclose it with your shipment.
2. Send your package(s) to the following address:

**RANGEFUL SIA**  
**RMA Department**  
**Cukura 27 Liepaja**  
**LV3414 Latvia**

3. You will be informed about processing of your complaint by our RMA department.