



COMPUPRINT Srl.  
Via Cottolengo 77  
10072 Caselle T.se (TO)  
ITALY

**Claim and RMA Form**  
Send by e-mail to: [support@compuprint.com](mailto:support@compuprint.com)

<b>Customer</b>
COMPANY _____
RESPONSIBLE _____
TELEPHONE NUMBER _____
FAX NUMBER _____
E-MAIL _____

**CLAIM DATE**  
\_\_\_\_\_

**REASON OF CLAIM**

<input type="checkbox"/> A Ordered / B Received (1)	<input type="checkbox"/> Surplus / Shorts (1)	<input type="checkbox"/> Wrong part in box / Damaged Material (1)	<input type="checkbox"/> DOA (Dead On Arrival)
<input type="checkbox"/> Warranty	<input type="checkbox"/> Other (1)		
(1) : Specify _____			

**PRINTER DATA** (ONE FORM- ONE PRINTER)

Printer Serial Number : _____	Printer Model : _____
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**PARTS LIST**

ITEM	COMPUPRINT P/N	DESCRIPTION	Q.TY	Notes
01	-----	-----	-----	-----
02	-----	-----	-----	-----
03	-----	-----	-----	-----
04	-----	-----	-----	-----
05	-----	-----	-----	-----

Details : \_\_\_\_\_

**COMPUPRINT Customer Service Reserved** (THE RMA NUMBER WILL BE COMMUNICATED AS SOON AS YOUR CLAIM WILL BE ACCEPTED)

<input type="checkbox"/> <b>Accepted</b>	RMA or Claim Number _____	<b>Ship the material to :</b> COMPUPRINT Srl RMA Logistic Dept. PostSale Via Cottolengo 77 10072 Caselle T.se (TO) Italy
	Please ATTACH a copy of this document ON THE BOX OF RETURNED MATERIAL	

<input type="checkbox"/> <b>Refused</b>	Details : _____
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