WARRANTY CLAIM FORM

ALEXANDER SCHNEIDER
THE POWER OF EXCELLENCE

Please fill out the required fields (marked *) and email us the completed form to RMA@schneider.co.il
Please note that **warranty claim forms, which are incomplete, will be rejected**.

CUSTOMER REF. NUMBER *	DATE OF CLAIM * *(MM DD YY)*	VERTIV ACKNOWLEDGEMENT NUMBER	Alexander Schneider RMA # / Reference

CLAIMANT LOCATION DETAILS		REQUESTED DELIVERY ADDRESS		
COMPANY *		COMPANY *		
STREET *		STREET *		
CITY AND COUNTRY *		CITY AND COUNTRY *		
POSTCODE *	CONTACT NAME *	CONTACT NAME *	TEL *	@MAIL *

END USER / SITE DETAILS		
COMPANY (END USER) *	ADDRESS *	CONTACT NAME *

PRODUCT / SYSTEM INFORMATION

MODEL PART NUMBER /DIGIT *	PART SERIAL NUMBER *	START-UP * DATE *(MM DD YY)*	FAILED * DATE *(MM DD YY)*	REPAIRED * DATE *(MM DD YY)*

PART NUMBER *	PART DESCRIPTION *	QTY. *	PART SERIAL NUMBER *	DOA? *	FAILURE ANALYSIS REQUIRED? *

PROBLEM DESCRIPTION BY LOCAL SERVICE ENGINEER (ENGLISH LANGUAGE ONLY) *

TO BE FILLED BY ALEXANDER SCHNEIDER'S RMA TEAM

Components Request Date (CRD):	Authorized By:

Faulty components must be shipped within 30 working days from above CRD with related shipping documents.
All spare parts dispatched under warranty conditions will be invoiced if requested components are not returned.

Comments by Technical Support follow up:

TS Engineer Name & Signature:	Date: