

Return Material Authorization Request

(* indicates required field)

Customer information		RMA No
Company Name *		Repaired Goods Return Address
Contact Person *		Address *
Telephone *		
Customer Case Ref		Post code/City State Zip *
Customer PO *		Country *

Product information	
Customer Part No	Customer Part Name
Lilaas Part No *	Lilaas Part Name
Lilaas Batch No	Lilaas Serial No *

Problem description

Brief Description of Problem (attach info, data sheets, test results, images as needed) *
Attachments (select "Comment" and attach files directly or list files below and attach to email).

Shipping Address

Ship Nonconforming Product to:	Lilaas AS Kongeveien 75 N-3196 Horten Norway	Attn: Ronny Bergeid Tel: +47 416 33 000
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