



MICRORISC s.r.o.
Prumyslova 1275, Valdicke Predmesti
506 01 Jicin

RMA FORM

Customer:

Company:

Street:

City and ZIP code:

Country:

Referent:

Name:

Email:

Phone:

Claimed goods:

MICRORISC part:

Qty to be returned:

Original invoice:

Reason for return:

MICRORISC part:

Qty to be returned:

Original invoice:

Reason for return: