

Date:

# WARRANTY REQUEST

Fill in the information below and send this document to:  
**info@rytternemekan.se** or Fax.no: **+46 21 41 42 74**

**Important: Also send a copy of this report with the returned product.**

Your Company name:

Your Reference:

Your Address:

Your E-mail:

Your Order no:

Your Phone no:

Your Fax no:

Your Shipping address:

## Information about the faulty product:

Article no:

Serial no:

Quantity:

RM order:

Faulty cause:

## Faulty article should be sent to:

Rytterne Mekan AB  
Munkbovägen 6  
SE-721 32 Vasteras  
Sweden

**Not returned parts will be fully charged after 30 days.**

## To be filled in by Rytterne Mekan

External Faulty report no.

Warranty order no.

Measure

Sign from RM:s representative:

Measured accepted/Sign of your rep.: