For Office Use Only

Date received: _____ by: _____

Date shipped: _____ by: _____

PM Nr.: _____ PC Nr.: _____

SRM Return Form

Shipping Address (no P.O. Boxes for UPS please)

Name _____

Business _____

Address _____

ZIP, City _____

Day Phone _____

Cell _____

E-Mail _____

Training System
Schoberer Rad Messtechnik GmbH
Rudolf Schulten Str. 6
52428 Jülich
Germany
Phone: +49 (0) 2461 / 69 123 0
Fax: +49 (0) 2461 / 69 123 17
E-Mail: info@srm.de
Homepage: http://www.srm.de

☐ Prepaid
☐ Visa ☐ MasterCard
Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiration Date ☐☐/☐☐ CVC ☐☐☐ (all details necessary)

Please list any new components you would like to order and/or describe problems you are experiencing with your SRM Training System and ship to our Main Office. We will troubleshoot and e-mail you for authorization to charge for components ordered, repairs, replacement parts and shipping.
(Systems carry **2-Year Warranty** excluding battery and wear parts)
Description of the problem and list any new component ordered: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How many hours of using – km/mi of using: _____
System Purchased From: _____ Purchase Date: _____

Note: Please clean your system or you may incur a cleaning charge!