

SRM Return Form

For Office Use Only	
Date received: _____	by: _____
Date shipped: _____	by: _____
PM Nr.: _____	PC Nr.: _____

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>

<input type="checkbox"/> Prepaid <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiration Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Name on Card: _____

<p>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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>How many hours of using – km/mi of using: _____ System Purchased From: _____ Purchase Date: _____</p>
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Note: Please clean your system or you may incur a cleaning charge!