

SRM Return Form

Customer Shipping Address

Name: _____

Company Name: _____

Address: _____

Zip, City, Country: _____

Mobile: _____

E-Mail: _____



SRM Oceania
PO Box 4855
North Rocks, NSW, 2151
AUSTRALIA

oceania@srm.de
www.srm.de

Please list any new components you would like to order and/or describe problems you are experiencing with your SRM Training System and ship it to the address on this form.

Please clean your system, so we can work in it right away.

We will troubleshoot and e-mail you for authorization to charge for components ordered, repairs, replacement parts and shipping.

Work required:

Problem description (if any):

