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**REQUIRED INFORMATION**  
 Thorough and accurate  
 completion of this form is required  
 to submit a warranty claim .  
 Information supplied to Schlumpf,  
 Inc. will be considered  
 proprietary and confidential.

**WARRANTY CLAIM  
 SERVICE REQUEST  
 FORM**

**Instructions:** Return completed form by fax or E-mail to Schlumpf prior to return of product. A Return Authorization Number (RMA) is required! A return Authorization Number will be issued upon receipt of claim form. Clearly label returned goods with Return Authorization Number. Customer is responsible for all freight charges. Collect shipments will not be accepted. See Schlumpf Warranty Statement for complete information and conditions. Thorough testing of the product will be completed upon receipt. A service report will be issued to the customer upon completion of testing.

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Contact Name \_\_\_\_\_ Fax \_\_\_\_\_

Purchased From \_\_\_\_\_ E-Mail \_\_\_\_\_

Purchased Order No. \_\_\_\_\_ Schlumpf Invoice No. \_\_\_\_\_

Product \_\_\_\_\_ Date Installed \_\_\_\_\_

Product Serial No. \_\_\_\_\_ Duty Cycle / Usage \_\_\_\_\_

Description Of Application / Working Conditions: \_\_\_\_\_

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Description Of Problem or Service Requirement: \_\_\_\_\_

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