

RMA Form



Cobalt House, Arden Square
Crewe Business Park
Crewe
Cheshire
CW1 6HA
Tel: +44 (0) 1270 539800
Fax: +44 (0) 1270 258132

CUSTOMER DETAILS	
Company:	
Address:	
Contact Name:	

PRODUCT DETAILS			
Make:		Model:	
Serial No.		Date Returned:	
Returned By:		RMA No.	
Passed Over To:		Date Passed Over:	

DESCRIPTION OF FAULT

Signed: _____ Print Name: _____

TO BE COMPLETED BY COBALT ONLY

ACTIONS CARRIED OUT BY COBALT			
Work Completed:		By:	
Date Returned:		By:	