

COMPANY NAME: _____

COMPLETE ADDRESS: _____

ZIP CODE, CITY: _____

COUNTRY: _____

CONTACT PERSON

Name: _____

Tel: _____

E-mail: _____

Fax: _____

EMA d.o.o.

Teharje 7b
3000 Celje
Slovenia
Tel: +386 3 428 48 00
Fax: +386 3 428 48 24

Attn: BlueTraker Fleet Manager
E-mail: support@bluetraker.com
Tel: +386 3 428 48 00

Date: _____

PROFORMA INVOICE No.: _____

RMA Request No.: _____

Parity: _____

Transport by: _____

Product	Serial Number	Quantity	Price/€
1			
2			
3			
4			
5			
6			

Total: _____

Gross weight: _____ Net Weight: _____

No. of packages: _____ Dimensions of parcels: _____

Signature and stamp:

REMARKS: RETURNING PRODUCTS TO THE MANUFACTURER FOR SERVICE REPAIRS.
PRICE(-s) ARE FOR CUSTOMS PURPOSES ONLY.