

Template for material returns to Ziemer Ophthalmic Systems AG
Obtain a RMA Number before sending!

PROFORMA INVOICE

RMA#:

Date: DD/MM/YYYY

From:

<Name Distributor>
<Name Contact Person>
<Address>
<City, ZIP>
<Country>
<Phone>

To: *(send invoice to this address)*

Ziemer Ophthalmic Systems AG
Customer Support
Allmendstrasse 11
CH-2562 Port
Switzerland
Phone: +41 848 943 637
Fax: +41 32 322 70 71
EORI-Nr. DE7440766

Ship to: *(ship the goods to this address)*

Ziemer Ophthalmic Systems AG
Incoming Goods
Erlenstrasse 31
CH-2555 Brugg
Switzerland

Quantity	Description, S/N	Unit Price	Price
Total amount			

Value for customs only!

9018.5000 Ophthalmic Instruments

Total number of pieces: <.....>
Packaging weight: <.....kgs>
UID-Nr. CHE-110.254.181 MWST
Approval No. 688
ZAZ account 6124-3

Goods are of Swiss origin and are being sent back to be repaired / reworked / investigated / replaced.

<Original Signature>
<Name>