



RMA PROGRAM

MODEL 4&6 NAMEPLATE DETAIL PRESS

SCHMIDT

6151 W Howard Street Niles, IL 60714
847-647-7117 | 800-323-1332
www.gtschmidt.com



SCHMIDT

MAKE A LASTING MARK

MODEL 4&6 NAMEPLATE DETAIL PRESS

SCHMIDT Repair/Refurbish Policy: All Model 4&6 nameplate detail presses that were purchased through SCHMIDT may be returned for repair and refurbishment by following the steps below. If your machine is still under warranty, you must provide the serial number or original purchase order number to verify warranty coverage.

1. Please fill out the Return Merchandize Authorization form in its entirety, including the payment form, and email it to Kyle Williams at kwilliams@gtschmidt.com
2. Your return request will be processed, and when approved, you will receive a confirmation email with your RMA number and shipping instructions. If your machine is still under warranty, your payment form will be updated.
3. Include a copy of the confirmation RMA with your machine.

Machines sent to SCHMIDT without a RMA number and payment form will not be accepted.

Flat rate repair cost is \$425.00 and includes the following:

- SCHMIDT technician labor
- Assessment and refurbishing of all standard parts* that are worn and need replacement.
- Preventative Maintenance Checklist
 - All parts not replaced that are still in good condition will be checked, tested and adjusted to ensure proper working performance.
- Cleaning of entire exterior of the machine
- Handling Fee, Packaging and Shipping Charges** (contiguous US only)

*If during assessment of your SCHMIDT Model 4&6 we find that a part not covered by our repair program (Marking Dials and Tables) is required, we will contact you for approval prior to performing any further work. If you opt to not have your machine repaired, we can transfer the full cost of your repair to the purchase of a new machine.

**Shipping charges are included up to a 50lb weight limit and for standard ground delivery, no red.



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SCHMIDT Return Merchandise Authorization Form

Company: _____ Contact: _____
Street: _____ Phone: _____
City: _____ Email: _____
State: _____ Zip: _____ Date: _____
Machine Model _____ Serial Number _____

Comments:

Include a copy of the RETURNED confirmation RMA with your machine and ship to:
SCHMIDT Repair Department
RMA#: R _____
6151 W Howard Street Niles,
IL 60714

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FOR SCHMIDT TECHNICIAN:

Assigned RMA #: _____ Date: _____



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RMA PAYMENT

SCHMIDT cannot accept any machines for repairs without payment.

Purchase Order Number: (Please enter PO number below & email PO to pkomis@gtschmidt.com)

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Credit Card Authorization Form

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy):	CVV Code:
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon standard repair cost of \$425.00

Customer Signature

Date

