



rma-form_20170420

RMA-Number (filled in by Vision Systems)

RMA Form

Customer

Company:*	<input type="text"/>	Cust.-No.:	<input type="text"/>
Contact person:*	<input type="text"/>	Invoice No.:	<input type="text"/>
Tel:	<input type="text"/>	Email:*	<input type="text"/>

Product for RMA

Model No.:	<input type="text"/>	Quantity:	<input type="text"/>
Serial No.:	<input type="text"/>		
Reason for Return:*			
<input style="height: 150px;" type="text"/>			

* Indicates required fields

1. Please fill out the RMA Form. Mandatory fields must be filled out. Send the form to us via Email. You will get a RMA-No.. Returns are accepted only based on RMA-No..
2. The inspection fee will be
 For data communication products: EUR 35,-
 For industrial PCs: EUR 49,-
3. Products in warranty will be repaired free of charge. Non defective products will be tested for full functionality and charged with inspection fee from point 2.
4. Products with damages caused by an user or products out of warranty will be charged with inspection fee from point 2. You will receive a separate cost estimate for the repair.
5. Send us defective product in original package. Add a copy of the invoice and this signed RMA form.

I have read the above regulations, and agree with it.

<input type="text"/>	<input type="text"/>
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Location

Date

Signature