

RMA-ORDER

Application of RMA-number



Please complete this questionnaire and send it back with attached copy of invoice.

Via fax: **+49 (2103) 58 77 -310** or via email: **firdevs.suedemen@frings-informatic.de**

Company: _____ Customer: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

Details of items:

Quantity	Item-no.	Invoice-no.	Date of Invoice	Series-no.

Reasons for returning goods: (Check all that apply)

- Wrong delivery by Frings Informatic Solutions Return of loan unit
- Defect of item (please give detailed informations of defect as well as a list of other items integrated in your system on separate sheet)
- Other matters: _____

Wish of handling (Check all that apply)

- Warranty of repair within 12 months from date of delivery (copy of delivery note is necessary)
- Charged repair after termination of 12-months warranty (plus VAT)
- Credit note of loan unit (as agreed upon)

Please take into consideration:

1. **No return of goods without RMA-number.**
2. Attach copy of application of RMA-number **and copy of delivery note.**
3. Check on the attached copy the defect item.
4. Return merchandise always with corresponding equipment.
5. If possible send merchandise in **original packaging.**
6. Attach **RMA-number clearly visible** to your return delivery. **DO NOT LABEL** original packaging.
(Please use separate packaging).
7. **Return delivery (free of charge for us) must be effected inbetween 7 days.** Afterwards RMA loses its validity.
8. For sending back of repaired/changed item we charge fixed rate of € 10,00 (plus VAT)

Place / Date

Signature / Stamp

After sending us this application you receive your RMA-number by phone or fax.

RMA-Number _____

Date _____