

RMA Form



Please use only one form for each item.

Customer

COMPANY	.....
PURCHASE ORDER-NO.	.....
DEPARTMENT	.....
PHONE	.....
BILLING ADDRESS	.....
MACHINE / SYSTEM	.....

FAX |

Item

ITEM NO.	DESCRIPTION	SERIAL NO. (if available)
.....

Fault Description

WHEN DOES THE FAULT OCCUR?	WAS THE ITEM ALREADY IN USE?
Temperature dependent..... <input type="checkbox"/> Continuously..... <input type="checkbox"/>	Not being in use yet..... <input type="checkbox"/>
After min runtime..... <input type="checkbox"/> Sporadically..... <input type="checkbox"/>	Faulty since commissioning..... <input type="checkbox"/>
Other reason..... <input type="checkbox"/>	Since month in use..... <input type="checkbox"/>

REMARKS

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We hereby authorize INCOTEC to check the goods shipped based on the INCOTEC-AGB (incotec.world/agb). If an error is found, INCOTEC will make an offer for repair or replacement at the choice of INCOTEC. In case the goods have a defect for which INCOTEC is responsible, INCOTEC shall repair or replace the goods free of charge at its own choice. Otherwise, a fixed rate for analysis of € 100 plus VAT falls due, which is counted towards costs for a possible repair or price for replacement.

Fill out by customer

PLACE	.....
DATE	.....
SIGNATURE AND STAMP	.....

Fill out by INCOTEC

PROCESS NO.	.....
DATE OF RECEIPT	.....
SIGNATURE	.....