

R.M.A. Return Merchandise Authorisation

CUSTOMER DETAILS

The R.M.A.form has the purpose of collecting and providing to Microplan Assistance all information relating to the goods to be returned or repaired, in order to optimize the processing procedures. The form must be entirely completed and submitted: within 48 hours from the request receipt, Microplan will send an Authorization number that must be indicated on the shipping documents and must be included with the goods.

Fill in this form does not authorize the goods return! Please wait for the authorization number before shipping.

Company:

Address:

CAP:

City:

Country:

Telephon:

Fax:

VAT Number:

Email:

Web:

REFERENT AND METHODS FOR SENDING RMA

Specify a contact person for any technical inquiries, and the way you prefer to receive the RMA authorization number.

In case additional information is needed, we may quickly contact you by phone in order to speed up the process. .

Name:

Surname:

Company Position:

Telephon no.:

Fax:

Email:

You wish to receive the RMA authorization number by:

e-mail

Fax

REQUESTED INTERVENTION DETAILS

- Revision and Calibration
- Repair under warranty (see warranty conditions)
- Out of Warranty Repair
- Replacement of the instrument
- Firmware Update
- Software update
- other

The type of repair intervention required will be confirmed by Microplan at the time the RMA number will be assigned. The duration of the warranty, unless otherwise stated, is one year from the purchase date of the goods indicated in the sale document issued by Microplan Italia Srl (Law No. 24/2002, European Directive 1999/44/EC related to the "sale of consumer goods and associated guarantees"). Beyond this period, Microplan proceeds with the repair/replacement only after the cost estimate approval by the customer.

SHIPMENT DETAILS

Make sure that the good is well packed in suitable packaging: attach a copy of the template in the package the RMA filled in including the authorization number. The RMA number must be entered in a visible way on the packaging!

Shipment will be done by: (specify the Carrier name)

Carrier:

Customer delivery

Microplan pick-up

Aspect of the goods:

Pallet

Carton

NUMBER OF PACKAGES: _____

Box

Suitcase (hand delivery only)



Ref. DDT. _____ date _____

- PBO
- FTO
- PCA
- MCD
- SWA



PRODUCT DESCRIPTION AND DEFECT FOUND

An accurate description and detailed help our technicians to identify the problem and speed up the process. Enter here all data relating the instrument/s to be repaired or replaced. The serial number is mandatory and allows us to identify your instrument!

1

Brand / Manufacturer	
Model and product description	
Serial number	
Problem/defect detailed description:	
Type of service required:	
Accessories returned:	<input type="checkbox"/> Battery charger <input type="checkbox"/> Serial cable <input type="checkbox"/> Differential cable <input type="checkbox"/> Readout unit <input type="checkbox"/> USB Adapter <input type="checkbox"/> Software <input type="checkbox"/> Remote control <input type="checkbox"/> other

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Brand / Manufacturer	
Model and product description	
Serial number	
Problem/defect detailed description:	
Type of service required:	
Accessories returned:	<input type="checkbox"/> Battery charger <input type="checkbox"/> Serial cable <input type="checkbox"/> Differential cable <input type="checkbox"/> Readout unit <input type="checkbox"/> USB Adapter <input type="checkbox"/> Software <input type="checkbox"/> Remote control <input type="checkbox"/> other

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Brand / Manufacturer	
Model and product description	
Serial number	
Problem/defect detailed description:	
Type of service required:	
Accessories returned:	<input type="checkbox"/> Battery charger <input type="checkbox"/> Serial cable <input type="checkbox"/> Differential cable <input type="checkbox"/> Readout unit <input type="checkbox"/> USB Adapter <input type="checkbox"/> Software <input type="checkbox"/> Remote control <input type="checkbox"/> other