

RMA (Return Merchandise Authorization) – processing

RMA-Number:

Your address

company _____ phone/fax number _____

address _____ eMail address _____

zip code _____ city _____ contact person _____

country _____ contact person
 at Vision & Control _____

The following goods will be returned

description	amount	serial number	order number

reason for return, including detailed description

repair _____ test equipment return _____
 complaint _____ other reason (please describe) _____

description:

extended services required

cost estimate of 100,00 EUR (this is not necessary when a repair order is placed)
 express dispatch / additional price according to expenditure
 Please provide us with a quote for a replacement unit during the repair period

order placement

We place an order to Vision & Control GmbH for the services described above.

city _____ date _____ firm stamp/printed name _____ signature _____

Please attach the completed form to your return.