



RMA ENQUIRY FORM
PLEASE RETURN BY MAIL OR BY FAX TO: +39
0362.622531

Only supplier use RMA: _____ / _____
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COMPANY	CONTACT PERSON	PHONE/FAX	E-MAIL
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PRODUCT CODE	SERIAL NUMBER	REF. And/or PURCHASING DATE (or other significant data)	NON CONFORMITY ("it's not working" will not be accepted)	NOTE

Please fill up at least three boxes for each product (is possible please attach a photo)

RMA conditions and regulations:

The RMA number must be clearly indicated on the transport documents and on the packing.

The goods must be sent **FREEPORT (PREPAID)** to our office address **VIA LAVORATORI AUTOBIANCHI, 1 – 20832 DESIO (MB).**

In case the goods are damaged and not purchased in TECNOS SRL, it will be returned to the Sender out of warranty debiting the Sender all the transport freights to ship it back to the Sender. The packing must be suitable for the shipment or fragile products and all the electronics devices must be packaged in an antistatic.

Prerequisite for the acceptance of the goods is a **DETAILED TECHNICAL REPORT** to be with the delivery; otherwise we will not be able to provide an immediate solution of the problem.

This form will be valid up to 30 working days following the assignment of the RMA number, otherwise the goods will be rejected and this form cancelled..

Form date _____

Signed _____

TECNOS S.r.l.

Via dei Lavoratori Autobianchi, 1 - C/O Polo Tecnologico – Edificio 13/O

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