

## RMA REQUEST FORM

## **Customer Information**

Customer Number	Company Name	
Title  Ms. Mr.		
First Name	Last Name	
Street		
ZIP City	Country	
State	VAT Number	
State	VAI Number	
Different Return Address		
Product / Equipment purchased from (Company Name)		
Failed Product		
Customer Reference Number	Part Name/Number  Additional Parts	
Failure Description	Application	
Comments		
I'm an end user of the product: Yes No		
In Case of Warranty	In Case of no Warranty	
Request for replacement	Only for analysis. Product can be scrapped.	
Request for credit note	Request to send back the examined product.  I will bear handling costs of EUR 50 / \$ 70	
Replacement		
Request immediate replacement unit, I will be liable to pay the costs. In case of warranty a credit note will be issued by FRABA.		
Disclaimer		
■ I accept the general > terms and conditions unless otherwise agreed in writing.		
Subscribe to our newsletter		
Send Information (Save the filled form on your computer and then send it to)		
> rma@vitector.com for Americas > rma@vit	ector.eu for Europe > rma@vitector.sg for Asia	
≥ Reset Form		



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Part Name/Number	
Failure Description	Application
Comments	
Part Name/Number	
Failure Description	Application
Comments	
Part Name/Number	
Failure Description	Application
Comments	
Part Name/Number	
Failure Description	Application
ranure Description	Application
Comments	
Part Name/Number	
Failure Description	Application
Comments	