

RMA Application form

RMA procedure and conditions:

1. Please fill out the RMA form as accurately as possible! "Faulty" is not a valid fault description. If the device should be found free of fault, we will invoice you with a flat sum of 65.00 Euros for the checkup plus shipment charges.
2. If the faulty condition of your device is doubtful for you, please contact our support department.
3. Before you send the faulty device to S +B MedVET GmbH, we ask you to fax this completely filled form to our RMA department and please add your signature to it. You will receive an answer with your RMA number.

4. Please write down this RMA number on your delivery note and enclose a copy of this RMA form in your shipment package.
5. The customer alone assumes the liability for damages on goods in transit if goods are not suitably packed for transport.
6. Please send your goods freight paid

**If you have any queries, please call:
Phone [0049] (0) 6073 - 725835**

Please fax the complete form to: Fax: [0049] (0) 6073- 725 831

And please add this form to your shipment package

Customer-No.	Contact person	Company
Phone	Fax	
Email address		

Customer data

Your order number	
Your purchasing date	Your sale date

Please tick the bullet(s) where true

- **Warranty repair** (Outside the warranty period, repair or replacement is subject to charges)
- **Checkup** (Our cost estimate on a flat rate basis amounts to 65,-€ plus charges for additional expenses)
- **Repair at cost if item is outside warranty period**
- **Cost estimate** (A cost estimate on a flat rate basis amounts to 65,-€ plus charges for additional expenses. If a repair order is placed, this flat rate does not apply.)

Device:

Unit	Serial number	Software version	
Accessory parts			

Error description

It is important not to delete any data in the device!!

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„Fault“ is no description! If you choose not to fill any description here, please attach it on a separate leaf.

To be clarified with the customer

Softwareversion used	Standalone operation
Operating system	Frequency of use

Hereby, we order you to carry out the services requested above:

Date / Signature