



RMA Request Converter

Dokument:
FO-RMA-EN-DT-V1.1-Converter.doc

Änderungsdatum:
2009-10-15

Version:
1.2

Customers information

Company name:

Street:

Postcode / City:

Contact:

Phone / Fax:

Email:

Information on the item to be returned

Item description:

Model:

Part number:

Serial number:

Date Code:

Failure description

A detailed failure description reduces the costs and period of repair. We are not able to accept devices without detailed failure descriptions for repair!

Environment conditions: **Temperature:**

Vibrations:

Frequency settings:

Other conditions:

Gain settings:

Item to be returned to Work Microwave DDP (Incoterms).

Date/Name/Signature:

Please fax this form to: +49 8024 6408 40 or send it by e-mail to orders@work-microwave.de
You will receive a RMA number from us.

RMA number:

Date/Signature of Work employee: