



RMA Request Converter

Document:
FO-RMA-EN-V1.3.docx

Last update:
2020-07-01

Version:
1.3

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:

Country of Dispatch:

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.com
You will receive a RMA number from us.**

RMA number:

Date/Signature of WORK employee: