

Data Sheet for Returns

RMA-No.:

Is only required for returns of wrong order / wrong delivery, complaints, reworking and modifying

Order Information

Customer No.:			
Customer / Company:			
Contact Name:			
Address:			
Order No.:		Delivery Note:	
Date:		FSE:	
Copy of Invoice enclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice No.:	
Original Delivery Note enclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Reason for Transmittal

<input type="checkbox"/> Credit note	<input type="checkbox"/> Complaints	<input type="checkbox"/> Test Tooling(s)
<input type="checkbox"/> Repairing	<input type="checkbox"/> Rework / Modifying	<input type="checkbox"/> Maintenance, Overhaul

Defect description

<input type="checkbox"/> Clamping faulty	<input type="checkbox"/> Tool Collision	<input type="checkbox"/> Others (please describe)
<input type="checkbox"/> Adjustment / Adjustment Mechanism out of order	<input type="checkbox"/> Digital Readout / Elektronik faulty	

Tool Data

Quantity	Product	Reason for Transmittal / Description

Wareneingang am:	Angenommen durch:
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20588EN/03.2022