

Return Material Authorisation FORM



RMA no: _____ **RMA-** _____
 Fill out the number you received from the customer service department

Customer data:

Customer _____
 Country _____
 Contact name _____
 E-mail _____
 Date _____

Please fill out the table below:

Description- Part number	Serial number	Part Exchange Service (see below)							
		Complete refurbishment into OEM spec.	TIN into DLC coating	Engrave if pi-code	Non Axxicon part	Other (*)	Warranty (see below)	Exchange (see below)	

* Other; please specify: _____

Repair

Purchase order number customer: _____
 * In case you want us to start directly with the repair of your part(s). If not filled out, we send a quotation with price and delivery.

Parts Exchange Services

Purchase order number customer: _____
 * Your mould part will be inspected and upon approval of our QA-dept. a replacement part will be shipped.

Warranty (acc. General terms of Axxicon Moulds Eindhoven)

* In case you already received a replacement, please fill out Axxicon's order confirmation number _____
 * Only with a clear description of the complaint we will take your warranty case in consideration.

Description of complaint:

Exchange (Returned part is unused)

In case you already received a replacement, please fill out the order confirmation number _____

Remarks

After filled in, please send this form to our customer service department.
 e-mail: Eindhoven@axxicon.com
 fax: +31 499 461 361