



Return Material Authorization

I. CUSTOMER

Name of company:

Customer number:

Contact person: Phone: FAX:

II. GOODS UNDER RMA

Type: Quantity:

Invoice:

III. CAUSE OF RMA

We have received the other type of goods, having been ordered YES NO

The quantity of goods has been shipped wrong YES NO

The goods have been damaged YES NO

The goods do not work YES NO

Other defects YES NO

IV. SETTLEMENT OF THE RMA

These goods we will be back YES NO

We would like to ask you for Credit note YES NO

V. COMPLETE COMPANY ECOM s.r.o.

Number of registered RMA

RMA:

RMA accepted YES NO

Number of Credit note: Filled: Date: