

Fax: +49 2431 – 9645 - 56

e-mail: rma@acvgmbh.de**RMA-No.:**

ACV GmbH
Straßburger Allee 10-12
41812 Erkelenz

Advices:

1. Please fill in this RMA form completely. After that please mail or fax it to the above mentioned fax no. / e-mail address.
2. After approval you will receive your RMA No.
Without this RMA number we will not be able to accept your shipment.
3. **The product and original packing must be free from damages, stickers or written notices, otherwise we will not accept the item as new goods.** Please attach this form to your shipment.
4. On the box the RMA number has to be documented

RMA required by:

Company: _____ person in charge: _____
Tel.: _____ Fax: _____
Customer No.: _____ e-mail: _____

Invoice- Nr. is necessary otherwise the process will delay.**Items for return:**

| position | quantity | item-no. | invoice no. / date | reason for return | request |
|----------|----------|----------|--------------------|-------------------|---------|
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|-------------------|-------------------------|-------------------------------|-------------------|
| Reason for return | | | You would like to |
| 1 item faulty | 5 return of test order* | 9 customer cancellation | 1 replacement |
| 2 wrong delivery | 6 double delivery | 10 compensation delivery | 2 credit note |
| 3 wrong order | 7 storage clearing | 11 cancellation of backlog | |
| 4 not ordered | 8 alternative item | 12 not compatible | |
| 13 shortage* | 14 wrong content | 15 miscarriage from forwarder | |

* Attention: **return of test order (5)** needs a written confirmation when placing the order.* Attention: In case of **shortage (13)** the document affidavit must be filled out and attached to the RMA form.

| position | error description |
|----------|-------------------|
| | |
| | |
| | |

date: _____

signature: _____

| | | |
|-------------------|--------------------------|-----------------------|
| Autor: T. Peters | Genehmigt: T. Landmesser | Geändert: M. Hermanns |
| Datum: 03.11.2015 | Datum: 17.03.2017 | Datum: 18.09.2019 |