MODELIX

RETURN MATERIAL AUTHORIZATION (RMA) FORM FOR ACCESSORIES

COMPANY NAME: _____ **DUNNING DATE:** [ ]

CONTACT PHONE NUMBER: _____ ***SALE INVOICE NUMBER:*** _____

CONTACT PERSON: _____ ***SALE INVOICE DATE:*** _____

PART NUMBER: _____

LOT NUMBER: _____

HOURS OF USE: _____

FAILURE DESCRIPTION:

PICTURES OF THE PRODUCT: (Attach photos of the product from all possible angles and/or of the failure)

*Filling out this form does not guarantee that the item is under warranty. It is Modelix or the supplier who, after checking, will decide if the article is covered by the warranty.

▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ *To be filled in by the technical department* ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽ ▽

TECHNICAL DEPARTMENT NOTES: