

NAME E SURNAME: _____ NUMBER TICKET _____
ORDER NUMBER: _____ PURCHASE DATE: _____ PRODUCT CODE: _____
EMAIL: _____ CELL. / TEL. _____ N.SERIAL FRAME _____

Important :

- Attach the purchase receipt to this form and enter everything in the package to be shipped.
- - It is required to fill in a form for each product.

COMPILE ONLY IF THE OBJECT HAS BEEN PURCHASED ON THE EBAY STORE

eBay seller user name: _____

Your eBay username: _____

EBay Item Number: _____

DETAILED DESCRIPTION OF THE PROBLEMS CHECKED / REASONS FOR THE INVENTION: _____

List any accessories sent in the package: _____

NOTE: In the event of problems with the battery, please also send us the battery charger. The keys must be sent in any case.

Address where you want to receive the item: _____

In the event that the product is shipped after 14 working days from receipt of delivery, we require a support charge of 20 euros cautional, to be attached to the RMA form and to be included in the package.

This expense support will be retained if, tested the article:

- The problems described in the RMA module depend on incorrect and / or use of the product and / or changes found on parameters display, control unit or motor
- The product does not come under warranty (product wear, product tampered with, improper use, end of warranty period.)

The expense of € 20 will be used for the costs of testing the product and for re-shipping to the address you indicated. Additional repair costs (in the case of a product not under warranty) will be communicated in the estimate stage.

For products covered by the guarantee, you will be entitled to the assistance or replacement of the same and to the reimbursement of the 20 euros of security charges.

DATE _____

Support expenses *: YES NO

** I declare to pay the guarantee sum of € 20 or less*

Customer signature _____

SPACE BELOW RESERVED TO THE TECHNICIAN

Work Hours: _____	Changed Components: _____	Arrival date _____
Interventions carried out in Assistance: _____		Date Riparaz. _____
		Postponement date _____
		Repair cost: _____
		Sum Shipped Contrass: _____
Tests Performed: _____	Estimated Cost _____	Notes (Paid with) _____