

# Return Material Authorization

## RMA Form



### Customer information:

Customer No.: \_\_\_\_\_ Invoice No.: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

### Product Details:

Part No.: \_\_\_\_\_ Quantity: \_\_\_\_\_

**Important!** Name of Battery-Direct support contact:

\_\_\_\_\_

### Description of Defect:

Please tick:  wrong product delivered \_\_\_\_\_  
 wrong product ordered \_\_\_\_\_  
 warranty claim. Description: \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Important Notes!

1. Completely fill out this form and fax it to the below mentioned number.
2. **Place the RMA Form in the box with the item(s) being returned.**
3. Return the items within 10 working days. Delayed shipments will be rejected.
4. Shipping cost for items that were ordered incorrectly will be invoiced.

Location, Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## FAX this form to: 00 49 72 53/93 29 01