



R.M.A. CLAIM FORM

SINERGROUP S.r.l.

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04016 Borgo San Donato
Sabaudia (LT) Italy

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Fax.: (+39)06.233 234 260
info@sinergroup.it

- Accepted** code _____
- Unaccepted** motivation _____

Customer Datas:

Company Name _____

Legal Address:

Street _____ n° _____ City _____ (____)

Post Code _____ E-Mail _____ Tel _____ / _____ Fax _____ / _____

Head Office:

Street _____ n° _____ City _____ (____)

Post Code _____ E-Mail _____ Tel _____ / _____ Fax _____ / _____

Item code	Product Description	Purchased Quantity	R.M.A. Quantity	Packing List Date	Packing List N°	Return Reason

- a) Return's shipment is subject to Sinergroup S.r.l. authorization, accorded by fax or e-mail with this form, within 15 days from the customer's request.
- b) The authorization return request must arrive at Sinergroup S.r.l. within 15 days from the goods receipt or from the defect discovery; once the return will be authorized, it has to be shipped within 15 days.
- c) Once Sinergroup S.r.l. receive the return, it has the right to verify the actual existence of the return's causes; in the absence of them, it will send back the material returned to the customer at the recipient's expenses.
- d) Sinergroup S.r.l. return acceptance, doesn't directly imply the product re-order; the order must be done again.

DATE __ / __ / ____

Customer's signature and stamp