

**R
M
A**

Applicant Details

Company Name:	
Address:	
City / State:	
ZIP code:	Country:
Contact Person Name:	
Phone:	e-mail:
Shipping Address:	
City / State:	
ZIP code:	Country:

Purchase Data

<input type="checkbox"/> Warranty	Invoice Number:	Invoice Date:
Project:		

Equipment Data

Reference/Model:	Serial Number:	Quantity:
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Shipment Cause:

<input type="checkbox"/> Repair	<input type="checkbox"/> Quotation Request
<input type="checkbox"/> Return	<input type="checkbox"/> Conditional Material Return

Problem Description:

REMARKS:

1. Please complete this RMA form with detailed information and send it back by email to Sales Assistant in charge.
2. Any shipment without RMA form will be refused.
3. Any shipment without a visible authorized RMA number on the package will be refused.
4. Shipping fees are at buyer's expense.
5. Shipping address:

OPTIMUS S.A.
C/ Narcís Blanch nº 7
17003 - Girona (SPAIN)

- Repairs:

6. If goods are under warranty, shipping return fees will be at OPTIMUS expenses. If they are not, buyer will take care of them.
7. All goods must be returned with original packing. If not, Optimus S..A. will decide which is the most suitable way to return them.
8. If quotation is not accepted, customer will be charged with 28€ corresponding to quotation expenses. Return shipping fees will be at buyer's expense.
9. All repairs are under 3 months warranty.

- Refunds:

10. We will not accept any refund after 60 days of completed order. A credit note for maximum 80% from invoiced value will be issued in order to cover the expenses occurred from technical revision & set-up.
11. All equipments must be returned in their original purchase condition, with the original manuals, CD and/or any other item or accessory provided in the purchase, in perfect conditions and with the original packing material. In the event that a returned order has any item missing or damaged, without packing or with evidence of incorrect handling, it will NOT be accepted or credited.

Date and authorized signature:

In _____ on _____ Signature: _____