

# RMA REQUEST

## YOUR DATA

Please fill in your name and contact data.)

Account number:	<input type="text"/>
Company name:	<input type="text"/>
Person in charge:	<input type="text"/>
phone:	<input type="text"/>
email:	<input type="text"/>



Replacement:  Credit Note:

Invoice address = delivery address:

## DELIVERY ADDRESS

(Please fill in the delivery address in case it differs from the invoice address)

Company name:	<input type="text"/>
Contact Name:	<input type="text"/>
Street / No.:	<input type="text"/>
Zip code / City / Country:	<input type="text"/>
Phone:	<input type="text"/>
email:	<input type="text"/>

## RMA PROCESS

Step 1): Fill in the RMA request form

Step 2): Send the completed form to [support@masquare.eu](mailto:support@masquare.eu)

Step 3): Wait for the confirmation. You will receive an RMA note.

Step 4): Note the RMA Number at the outside the parcel

Please be aware, that return deliveries without a completed RMA request form may not be accepted. If you don't decide between credit note or product replacement we will replace the products. It is not possible to mix products with credit note and replacement. In this case please issue two RMA forms. Products within the warranty period will be repaired or replaced. Products outside warranty can be repaired on request. A cost estimate can be provided at your request.

## PRODUCT DATA

(Please name all returned products with the basic reason for return. If you returned cause of "failure" please give a short explanation or description of the failure.)

Item code	Amount	faulty	Wrong order	other	Detailed failure description
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**This Form**

via email to [support@masquare.eu](mailto:support@masquare.eu)

via fax to +357 22 720671

