

RETURN MATERIAL AUTHORIZATION PROCEDURE (RMA)

TO BE FILLED-IN BY THE CUSTOMER (each part is compulsory)

Following requested information are necessary in order to authorize and start the repair process.

Company name	Address	Contact	E-mail and/or phone number

RETURN REASON	☐ Repair	☐ Technical non-conformity	☐ Other (*) _____	Robox TECHNICIAN already talked to	
----------------------	---------------------------------	---	--	---	--

PART LISTS (ATTENTION: also indicate accompanying material)				ROBOX SPA TO FILL-IN IN ORDER TO AUTHORIZE THE RETURN	
PART NUMBER	SERIAL NUMBER	PROBLEM DESCRIPTION	URGENT (**)	RMA	
			☐		
			☐		
			☐		
			☐		
			☐		

(**) See Point 5.3.4 of Repair Conditions for the extra cost for express procedure.

 DATE

 SEAL AND SIGNATURE FOR ACCEPTANCE OF THE REPAIR CONDITIONS

The properly completed form must be sent via e-mail to repairs@robbox.it.

ROBOX SPA authorizes You to send the material under Incoterms 2020 DAP (Robox S.p.A.).

Date	Seal and signature Robox