

RETURN AUTHORIZATION FORM

Company Name

Contact person

Name and surname:

E-mail:

Phone:

No.	Catalog number*	Quantity*	Invoice number*	Serial number	Is the package open?*	
					(Whether the "factory seal" security sticker has been removed?)	
					Yes	No

* - mandatory form fields

Special notes:

IMPORTANT! To properly process the request, please fill in the information on the following pages.

REASON FOR RETURN(please check ☒ at the appropriate box)

<input type="checkbox"/>	Return due to Seller's fault: - devices do not meet technical requirements due to the incorrect offer submitted by the Seller - received devices do not match the Buyer's order
<input type="checkbox"/>	Return at the Buyer's request (with the addition of return service costs)
<input type="checkbox"/>	Other – specify:

Return request date:.....

Buyer's signature-----
Company stamp**IMPORTANT!** A mandatory condition for acceptance of returned goods is the Buyer's signature and company stamp.

Date of receiving and acceptance of return:.....

Seller's signature-----
Company stamp

Completing this form is equivalent to acceptance of the general terms of sale and the provisions regarding product returns. The Seller does not accept returns of goods, except in cases of product defects or delivery errors for which the Seller is responsible. In justified cases, the Seller may agree to accept a return under conditions individually agreed with the Buyer. The completed form should be sent to: rma@racontrols.pl. After the return has been approved by **RAControls Sp. z o.o.**, the goods should be shipped back to: RAControls Sp. z o.o. ul. Niedźwiedziniec 10 DC3B, 41-506 Chorzów, Poland with the note: "Return".