

RMA - FORMULAR



DATA DISPLAY SOLUTION

RMA No:

Date incoming:

contact per:

E-Mail: rma-dds@datadisplay-group.de

Phone: +49 36 91 88 93 98-0

Fax: +49 36 91 88 93 98-30

Please require the form. Note: With filling in this request you accept the conditions of our RMA-processing.

DDSTYPE NUMBER:

PRODUCT:

SERIAL NUMBER/S:

REJECTED QUANTITY:

RECEIVED DATE:

INSPECTED QUANTITY:

INVOICE NUMBER:

REASON OF REJECT

WHICH KIND OF FAILURE?

defect

electrical damage

wrong delivery

mechanical damage

return of borrowing

WHERE CLAIM IS DETECTED?

CONDITION OF FAILURE DETECTION

incoming inspection

temperature: ° C

assembly line

operation hours h min

start-up

description of defect

burn in test

end user

COMPANY:

ADDRESS:

NAME:

PHONE.:

SIGN:

DATE:

REPORT OF REPAIRING DDS: