



Return Note

Customer information and address:

Company:	<input type="text"/>		
Address:	<input type="text"/>		
Town/Country:	<input type="text"/>		
Contact person:	<input type="text"/>		
Date for return:	<input type="text"/>	RMA-Return No:	<input type="text"/>

Email:	Telephone:	Contact at ICEVA:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Product:	Serial no/Order no:	Reason for return:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Warranty <input type="checkbox"/> For Repair <input type="checkbox"/> Return for credit <input type="checkbox"/> Other

Detection of damage/fault at:

Delivery:	Installation:	Less than one year:	More than one 1 year:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of fault:**ICEVA:s notes (filled in by ICEVA):**

Return no:	Recieved by :	Recieved date :
<input type="text"/>	<input type="text"/>	<input type="text"/>