

# RMA-Form

RMA-Number: (assigned by u::Lux)	
Company	Contact person
Street/Nr.	Phone-Nr.
Zip/City	E-Mail
Country	

Quantity	Serial-Nr.	Article-Nr.	Article-description
Error description			Notes (by u::Lux) G/R
Customer wish: <input type="checkbox"/> Warranty <input type="checkbox"/> Repair <input type="checkbox"/> Complaint <input type="checkbox"/> Replacement			

Quantity	Serial-Nr.	Article-Nr.	Article-description
Error description			Notes (by u::Lux) G/R
Customer wish: <input type="checkbox"/> Warranty <input type="checkbox"/> Repair <input type="checkbox"/> Complaint <input type="checkbox"/> Replacement			

Quantity	Serial-Nr.	Article-Nr.	Article-description
Error description			Notes (by u::Lux) G/R
Customer wish: <input type="checkbox"/> Warranty <input type="checkbox"/> Repair <input type="checkbox"/> Complaint <input type="checkbox"/> Replacement			

- Please add the RMA form duly completed to your return shipment.
- Returns of goods must be sent to us free delivered.
- We return your RMA shipment to the above mentioned address.
- Returns of goods must be sent to us with suitable packing to avoid damages.

You are welcome to use our template for your return shipment.  
Please enter your address.  
Returns of goods must be sent to us free delivered.

<b><u>Sender:</u></b>		<b>RMA-FORM</b>
Company	_____	
Street, Nr.	_____	
ZIP, City	_____	
Country	_____	
		<b><u>Receiver</u></b>
		u::Lux GmbH Rechtes Salzachufer 42 5020 Salzburg Österreich