RMA Form

RMA N° (to be filled by Marcel Aubert SA)**:** _____ **Date :** _____

For all merchandise returns, please send this completed form to the following address:
service@marcel-aubert-sa.ch

Upon receipt, we will send you an e-mail with the return procedure and an RMA number.

Contact Information / Billing Address			
Company		Last name	
Address		First Name	
Zip / City		Phone	
Country		Email	
Mailing address (if different)			
Company		Zip / City	
Address		Country	

Reason for the return:

- Repair: ☐ with quote ☐ without quote ☐ under warranty
- Error: ☐ of order ☐ of delivery
- Return: ☐ of repair loan ☐ of test loan
- Order: ☐ in progress (n°_____)

	Products to return					To be filled by Marcel Aubert SA		
	Invoice / delivery note N°	Marcel Aubert SA or client's article code	Serial N°	Qty	Weight (kg)	Value (CHF)	HS Code	Origin
1								
Problem description :								
2								
Problem description :								
3								
Problem description :								

Note : In the future, returns without RMA form will be rejected.

To be filled by Marcel Aubert SA

Lieu de stockage :

☐ administration ☐ production ☐ cour (hangar)

Emballage : _____

Mode de transport : _____

Date : _____ **Signature :** _____