



**EQUIPMENT REPAIR REQUEST  
(RETURN MERCHANDISE AUTHORIZATION)**

**RMA No:**

**Date:**

Company Name:		
Billing address:		
Return address*:		
Contact person:	e-mail:	phone:
Equipment (Make/Model/SN):		
Description of problem:		
If repair is under warranty provide transport document No. or sales invoice		
Sartec reference document	No.	of
Transport document:		
Sartec invoice:		

\* if different from billing address

SEND THE GOODS TO:

**SARTEC SRL**

**TRAV. II STRADA EST Z.I. MACCHIAREDDU 09032 ASSEMINI (CA)**

**ATT.NE MAGAZZINO**

The equipment must be sent to us freight prepaid, suitably packaged, accompanied by a copy of this form.

The RMA number must appear clearly on the external packaging and on the transport document.

List all accessories sent with the equipment.

Any products sent to us under warranty but delivered damaged due to inadequate packaging will lose their warranty and will be returned to sender with freight collect.

For laboratory testing instruments under warranty which are found to be functioning and for instruments not under warranty where the repair quotation is not accepted, you will be charged a standard fee of 160.00 for diagnostics.

In all other cases, we will send you a quotation to be signed by way of acceptance and returned in order for us to repair the equipment.

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Client stamp and signature