



RMA REQUEST FORM

Customer Information

POSITAL Customer Number

Your Company Name*

Responsible Contact Person

Title* Ms. Mr.

First Name*

Last Name*

E-Mail Address*

Phone Number*

Return Address Street

ZIP City

Country

State

VAT Number

Product / Equipment purchased from (Company Name)

I am an end user of the product*: Yes No

Warranty*

In Case of Warranty

Request for replacement

Request for credit note

In Case of no Warranty

Only for analysis. Product can be scrapped.

Request to send back the examined product.

I will bear handling costs of EUR 50 / \$ 70

Customer Claim Reference Number (one per form)

Replacement

Request immediate replacement unit, I will be liable to pay the costs. In case of warranty a credit note will be issued by FRABA.

Disclaimer

Subscribe to our newsletter

Send Information

All fields marked with * are mandatory and need to be filled out in order for us to process your request.



RMA REQUEST FORM

1 Product

POSITAL Serial Number*

Type Key or Article Name

> Please choose existing failures or provide an individual failure description:

Surface

Mechanics

Current Consumption

Sensor Parameters

Interface Communication

Sensor Values

Failure Description and Comments

2 Product

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