

Dear customer, please fill in all details below and send to [Returns\\_Ferromatik@milacron.com](mailto>Returns_Ferromatik@milacron.com) for return delivery authorization (RMA) and return address. Unauthorized returns can not be processed.

**Order related data**

Customer no.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Customer name: \_\_\_\_\_ Order no.: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Delivery note no.: \_\_\_\_\_  
 Tel. no.: \_\_\_\_\_ Ferromatik Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Technical data**

Machine no.: \_\_\_\_\_  
 Operating hours machine/part: \_\_\_\_\_ / \_\_\_\_\_  
 Date of assembly/disassembly: \_\_\_\_\_ / \_\_\_\_\_

**The following parts are returned:**

Pos.	Qty.	Part no.	Serial no.	Designation	Reason
1					
2					
3					



**Please fill out the reason of return with a number from below**

- |                     |  |                                |
|---------------------|--|--------------------------------|
| 1 Warranty request  | 4 Delivered product does not match delivery note | 7 Wrongly ordered by customer* |
| 2 Chargeable repair | 5 Delivery note does not match customer order    | 8 Unused from machine repair   |
| 3 Exchange          | 6 Product not compatible with machine            | 9 Other - please specify       |

\*in case Purchaser returns the part, he shall pay to the Seller a re-stocking fee in the amount corresponding to the 15 % of the part price no later than 30 days from delivery

**When returning a part please provide description of failure/error code (refer to pos.)**

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**Measure**

<input type="checkbox"/> No further measures	<input type="checkbox"/> Complaint - reply awaited	<input type="checkbox"/> Credit note
<input type="checkbox"/> Repair with cost estimate	<input type="checkbox"/> Replacement required	<input type="checkbox"/> Results- report*
<input type="checkbox"/> Other:		

\*Outside the warranty period the results report is a payable service.

\_\_\_\_\_  
Place / Date

\_\_\_\_\_  
Signature