

Return Merchandise Authorization Form



Rohacova 188/37, Prague, Czech Republic, 140 00

ID: 50033549

Tax ID: 27092232

Tx ID: CZ27092232

Email form to: sales@ipremia.eu

Phone: +420 778 501 996

web: www.ipremia.eu

RMA Steps: 1. Fill out this form completely 2. Prepare a copy of the sales invoice(s) for defective good(s) 3. Email per above

For Office Use Only	Company Name:	
	Account Number:	
RMA Number:	Ship To Address:	
Date RMA Issued:	City:	State: Zip Code:
Processed By:	Requested By:	
Item Returned: Yes / No	Email:	
Date Received:	Phone:	Fax:

Quantity	Item Number	Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	Comments / Special Instructions
<p>Record appropriate number in the "Reason Code" column above.</p> <ol style="list-style-type: none">1. Wrong quantity received2. Wrong merchandise received3. Damaged in shipping4. Duplicate order5. Product defective6. Customer not satisfied7. Incorrect item ordered8. Incorrect quantity ordered9. Other	

If items need to be returned, please ship to the address below <u>after</u> receiving an RMA number :	For Office Use Only
<p>iPremia Group CZ a.s.</p> <p>Ship To Address: Mecislavova 181/9, Prague, Czech Republic, 140 00</p> <p>Contact person: Mauro Montanucci</p> <p>Contact Information, tel. number: +420 778 501 996</p> <p>9.00 - 17.00</p>	Credit Issued: Yes / No
	Credit Amount:
	Transaction Number:
	Date Issued:
	Issued By:
	Comments:

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