



**AREA SX SRL**  
VIA STEFANO LONGANESI 25  
00146 – ROMA (RM)  
TEL. 06-99330257 – FAX 06 62202785  
PARTITA IVA 06491151004

## RMA REQUEST MODULE

CUSTOMER DATA	
NAME	SURNAME
COMPANY	
REFERENCE TELEPHONE NUMBER	E-MAIL ADDRESS

PRODUCT DATA	
AREA SX INVOICE NUMBER	PRODUCT CODE
GOODS	
SERIAL N ° (IF AVAILABLE)	

### I DECLARE

to have found the following malfunctions of the listed material (Please avoid generic wording as "IT DOES NOT WORK")

MALFUNCTIONS

THE PRODUCT WAS TESTED ON THE FOLLOWING EQUIPMENTS (OPTIONAL)



**AREA SX SRL**  
VIA STEFANO LONGANESI 25  
00146 – ROMA (RM)  
TEL. 06-99330257 – FAX 06 62202785  
PARTITA IVA 06491151004

## RMA REQUEST MODULE

### I DECLARE

that the product has been properly used and with the right care, respecting its intended use and the instructions given by the related technical documents.

**I will send, at my expense, the failed product. You will arrange, at your expense, the shipment of any eventual replacement product or repaired product.**

I point out below the shipping address of the product being replaced / repaired:

SHIPPING DETAILS	
NAME	SURNAME
COMPANY	
ADDRESS	
CITY/DISTRICT	
COUNTRY	ZIP CODE

### WARNING

**In the case the received goods will result free from any defects and properly functioning, Area SX srl will reserve the right to charge the customer with the return shipping cost and € 30.00 + VAT for testing.**

FOR ACCEPTANCE

DATE	SIGNATURE
------	-----------

**This RMA module, completed in all its parts, dated and signed must be attached to the product that is being sent in for service.**

<b>ENTER HERE RMA NUMBER PROVIDED BY AREA SX =&gt; =&gt;</b>	
--	--