

RMA form

EVA Optic B.V. | De Velde 1 | 8064 PH Zwartsluis



Please send this form, completely signed and filled with the return shipment. In case of question, You can send a email to support@evaoptic.com

! An incomplete form can lead to delay!

Notes:

- Please, don't send lose accessories and remove any parts that are not standard parts with the product.
- Please mark well if this is a return and let us know the reason of your return.

RMA number (by EVA Optic) _____

Optional: your RMA number _____

	Delivery address	Invoice address (When differs from delivery adress)
Company		
Address		
Zip code - town		
	Contact	
Name		
Phone		
E-Mail address		

Information about the defect

Article number	Invoice number (if need be order number)	Error description

Comprehensive information about the defect _____

Extra information _____

Reason of return shipment _____

<input type="checkbox"/> Repair	<input type="checkbox"/> Wrong delivery
<input type="checkbox"/> DOA (Dead On Arrival)	<input type="checkbox"/> incomplete delivery
<input type="checkbox"/> Repeat repair old RMA number _____	<input type="checkbox"/> Another reason, namely: _____ _____

Signature: With signing this treaty, specifies that you're oke with our RMA procedure

Date

Name and Signature