



Fax to: +49 212 2 58 13 - 33

Retoure / Complaint

RMA-No. _____ (assigned by argenta)

Attention: Please mark the RMA-Number in a conspicuous position on the outside of the package. We agree the retoure after an close inspection.

company: _____

customer no.: _____ phone: _____

your contact: _____ fax: _____

email: _____

order details:

(to ensure a correct and quickly processing of your retoure / complaint please fill out the following fields completely.)

your order no.: _____ our order confirmation no.: _____

our delivery note: _____ (please attach a copy of the delivery note to the return)

Part no.	Description	Quantity of retoure

Reasons of return/complaint:

- typing error in order
- delivery too early
- damage in transport
- no goods ordered
- delivery too late
- technical complain (test report, samples, ...)
- wrong goods
- others: _____

We are asking for:

- replacement delivery
- credit advice

Condition of the goods:

- not opened and original packaged
- package open, but all complete
- others: _____

Date: _____

Signature: _____

