

# REQUEST FOR RETURN AUTHORISATION

CUSTOMER

HEAD OFFICE / BRANCH

REFERENCE PERSON NAME

TO BE FILLED IN BY THE CUSTOMER				IMPORTANT
<input type="checkbox"/> RETURN FOR REPAIR-REPLACEMENT	Purchase delivery note (if known)	NO.	OF	In the return delivery note specify the amount, the LABEL item code and, if known, the fault found for each product.
<input type="checkbox"/> RETURN FROM UNDER ADVANCE REPLACEMENT	Advance replacement delivery note	NO.	OF	In the return delivery note, specify the amount and the LABEL item code
	LABEL invoice	NO.	OF	
<input type="checkbox"/> RETURN FOR CREDIT	LABEL invoice	NO.	OF	In the return delivery note, specify the amount and the LABEL item code
	Reason of return:			
<input type="checkbox"/> RETURN FROM UNDER APPROVAL	Label under approval delivery note	NO.	OF	In the return delivery note, specify the amount and the LABEL item code
<input type="checkbox"/> RETURN FROM ON CONSIGNMENT	LABEL on consignment delivery note	NO.	OF	In the return delivery note, specify the amount and the LABEL item code
	Reason of return:			
<input type="checkbox"/> RETURN OF GOODS DAMAGED BY TRANSPORT	LABEL DELIVERY NOTE	NO.	OF	In the return delivery note, specify the amount, the item code and the LABEL delivery note reference; also specify that it is non-recoverable material damaged by the carrier during transport.

TRANSPORT EXPENSES - TO BE FILLED IN BY THE CUSTOMER		SPACE RESERVED FOR LABEL SPA
<input type="checkbox"/> CHARGED TO LABEL spa (as per the specified carrier)	- return from on consignment - return of goods damaged by the carrier	<input type="checkbox"/> AUTHORISED TO BE CHARGED TO LABEL <input type="checkbox"/> GLS <input type="checkbox"/> BRT <input type="checkbox"/> DHL <input type="checkbox"/> OTHER _____
<input type="checkbox"/> CHARGED TO SENDER	- return for repair-replacement	<input type="checkbox"/> AUTHORISED TO BE CHARGED TO SENDER (carrier chosen by the sender)
<input type="checkbox"/> TO BE DEFINED	- return for credit - return from under approval - return from under advance replacement	<input type="checkbox"/> CHARGED TO SENDER (carrier chosen by the sender)
		<input type="checkbox"/> CHARGED TO LABEL <input type="checkbox"/> GLS <input type="checkbox"/> BRT <input type="checkbox"/> DHL <input type="checkbox"/> OTHER _____

SPACE RESERVED FOR LABEL SPA	
DATE	RETURN AUTHORISATION (RMA NO.)
REFERENCE PERSON	SIGNATURE
NOTES	

## GENERAL CONDITIONS

This form, complete with RMA number, shall be attached to the product return delivery note. Returns shall not be accepted unless duly authorised.

The material sent under advance replacement shall be invoiced at the end of the relevant month, and the items for which replacement under warranty was requested shall be returned to LABEL spa WITHIN 30 DAYS (Italy) 60 DAYS (abroad) of the replacement material invoicing date.

Should the material fail to be returned within the term in question, we shall be unable to settle the invoice.



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Date

Customer Signature