

RMA Request



This RMA request form must be filled in to handle any products that you are returning to Intermate. Send this form to Intermate A/S. This RMA will be effective for 30 days. If we have not received the articles by then we delete the matter.

Att.: Lars Jespersen
Fax.: + 45 72 26 04 04
E-mail: lbj@intermate.com

Request for RMA No.: _____ / _____ for the following goods to be returned / repaired.
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Company Information

Customer name:		Country:		
Address:		Contact:	E-mail:	
Zip code:	Postal address:	Phone:	Fax:	

Information about return address - if other than above

Customer name:		Country:		
Address:		Contact:	E-mail:	
Zip code:	Postal address:	Phone:	Fax:	

Article number:	Product name:	Serial number:	Invoice number:	Invoice date:

Reason why we want to return the article:

Warranty Reparation
 Dead on Arrival (DOA)
 30 Days sale or return
 Replacement Service

Error description / Other information: _____

Point of Purchase (Distributor / Reseller):

Warranty Service:

- A copy of the invoice must be attached to this document.
- The customer will pay freight charges; return from Intermate will be free of charge.
- If no defect is found and the product is working, an inspection fee will be charged.

Loan / purchase on approval:

- The product shall be returned in original packaging and in a sellable condition, other wise you will be charged for this.

Return goods:
Intermate A/S
Blokken 86
DK-3460 Birkerøed
Denmark
Att.: RMA

Intermate do not collect parcels that has to be fetched at a post office, like economy parcel and cash on delivery.

Append the RMA document that we send to you.