

RMA

Return of Material Authorization

CUTTING
WELDING

SINCE 1898



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To be filled out by customer

Company: _____	Contact person: _____	
Address: _____	Phone: _____	
_____	Fax: _____	
_____	Email: _____	
	Date: _____	
• Commission (if end customer): _____		
• Part description: _____		
• Article no.: _____	Serial no.: _____	
• Product line: <input type="checkbox"/> Oxy-fuel equipment		
<input type="checkbox"/> Hot air devices		
<input type="checkbox"/> Cutting systems		
▶ Serial no. of machine: _____		
▶ Serial no. of plasma unit: _____		
• Reference no (delivery note or invoice): _____		
• Reason for return of the goods:		
<input type="checkbox"/> Sample return	<input type="checkbox"/> Repair	<input type="checkbox"/> Retrofit
<input type="checkbox"/> Return for credit	<input type="checkbox"/> Repair replacement	<input type="checkbox"/> Other: _____
• Detailed error description: _____		

To be filled out by ZINSER

• Responsible at ZINSER: _____
• Internal notes: _____

• RMA no.: _____
• Reason for rejection: _____

• Date: _____
Signature, stamp

Important indications: You need a RMA number for the return of goods. ZINSER will communicate you the number with eventual shipping instructions after receipt of this filled form. Deliveries without RMA no. will be rejected. The RMA form must be added to the accompanying documents. Please pack the goods in adequate way. ZINSER does not bear any liability for damages in transit. Deliveries can only be accepted FREE DOMICIL. After the warranty period a checking flat rate will be charged.