



Send to:

RMA@atenalux.com

RMA Return merchandise authorization

RMA n° _____

Customer	
Name referent	
Mail referent	

Code	Details	Invoice	Date
	Defective <input type="checkbox"/> More <input type="checkbox"/> _____		

To be filled in case of defective:

Type of defect found: _____

Quantity: _____

Possible causes: _____

Replacement

Reintegration

Credited

Shipping method _____

Date: _____

Signature: _____

***please attach the following form to the original packaging reporting the RMA acceptance number**