

**RMA Nr:**

<b>From</b>	Customer ID:	Your process No.	
Company	ZIP Code, City	Stree / No.	Country

**Contact person**









Name:	Department:
Email:	Phon:
In case of return: send device back to above address <input type="checkbox"/>	
Different address:	
Billing address: above address <input type="checkbox"/>	
Different billing address:	

**Goods identification**

Type of device:	Serial No.:
Part No.:	Number of returned goods
Manufact. date (mm/yy)	

**Media used (please check appropriate box)**

The above mentioned device is **free** of harmful substances

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please specify:			
<b>Used medium</b>	Explosive	<input type="checkbox"/>			
Environmental Toxicity <input type="checkbox"/>		Corrosive	<input type="checkbox"/>		
Health Hazard <input type="checkbox"/>		Poisonous	<input type="checkbox"/>		
Other danger <input type="checkbox"/>		Highly flammable/ Oxidizing	<input type="checkbox"/>	 	

**Reason for Return**

<b>Within the warranty period</b>		<b>Outside the warranty period</b>	
In case of Line reject (move to 1.) <input type="checkbox"/>		Repairs (move to 2.) <input type="checkbox"/>	<b>Hint:</b> Examination fee: 100,- € / device
Field return (move to 2.) <input type="checkbox"/>			
Repair (move to 2.) <input type="checkbox"/>			
Wrong delivery <input type="checkbox"/>			

**1.) In case of Line reject: reason of return (Please check appropriate box)**

Transport damage <input type="checkbox"/>	Wrong setting <input type="checkbox"/>	Sporadical error <input type="checkbox"/>
Connection part:		
Wrong <input type="checkbox"/>	Defect <input type="checkbox"/>	Electr. problem <input type="checkbox"/>
Part unleaks <input type="checkbox"/>		
Contact switches part	Does not switch <input type="checkbox"/>	faulty <input type="checkbox"/>
		Other <input type="checkbox"/>

**2.) In case of field return / repairs: Please describe the concern and your application on sheet 2 /**

In case of <u>no warranty acceptance</u> we permit Barksdale	
To scrap the returned good	To send back the returned good on our own expense
We permit Barksdale to repair the good up on a amount of (in €)	

 **Hinweis**

**Please note: we can't accept carriage forward shipments.**

**RMA Nr:**

Complaint	

Application description			
Environmental conditions	Temperature	Normal	
		Maximum	
		Minimum	
	Moisture conditions		
	Radiation (EM)		
	Indoor – Outdoor use		
	Mounting position		
Vibrations			
Media	Temperature		
	Degree of purity		
	Density		
Process conditions	Operation pressure		
	Maximum pressure		
	Over pressure		
	Vacuum		
	Pressure peaks		
Electrical load	V AC		
	V DC		
	Ampere		
	Inductive load		
	Relay		
	Valve		
	Resistance load		
	SPS		
Lamp			

**Please note:**

- No handling without valid RMA No.
- Mailing label with RMA No. to be affixed to the box.
- Please fill in the form and application report completely.
- Check for appropriate packing.
- Please add RMA to return Shipment.

Date:		Signature:	
-------	--	------------	--

<b>Only filled by Barksdale</b>	Date:
---------------------------------	-------

RMA No.	Signature	
---------	-----------	--

**Hinweis**

**Please note: we can't accept carriage forward shipments.**

**Please send to: RMA@barksdale.de**