

## Return Material Authorization

Dear Customer,

First, we would like to thank you for your order and hope that you are satisfied with our products.

If anyhow a return for credit is essential, please pay attention to the following:

- **The return approval has to be confirmed by VBM. For an approval, please complete below mentioned return request and send it to VBM in advance by e-mail for confirmation!**
- Always return the goods to your expenses. If a consignment will be returned to the expenses of VBM, the costs will be invoiced afterwards, except a special agreement is obvious
- The goods will be accepted for credit within 30 days from date of invoice. The return of sterile and customer specified products for credit is not accepted.
- The goods must be originally packed and unused

For any further questions, please contact our service department.

E-mail: service@vbm-medical.de

Phone.: (+49) 07454 / 95 96 - 580

Fax: (+49) 07454 / 95 96 - 99 560

### Return Request (needs to be completed by customer)

Customer / Customer ID \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact details (fax, E-Mail): \_\_\_\_\_

Requested products for credit:

| Cont. No. | Product-Code | Amount | Invoice-No. / Lot-No. | Reason for return (Please add the below described Numbers 1-4) | Approved by VBM |
|-----------|--------------|--------|-----------------------|--|-----------------|
| 1         |              |        |                       |  |                 |
| 2         |              |        |                       |  |                 |
| 3         |              |        |                       |  |                 |
| 4         |              |        |                       |  |                 |

Reason for return: (1) Product was ordered by mistake; (2) Wrong amount was delivered by VBM; (3) Wrong product was delivered by VBM; (4) Miscellaneous

Was a replacement order issued?

YES, with order no. \_\_\_\_\_  
 NO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name / First name

### Approved by VBM

Return/RMA No.. \_\_\_\_\_

Handling fee of 15% will be issued  
Lump sum of € \_\_\_\_\_ will be charged

YES  NO  
 YES

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name / First name