

# Return Merchandise Authorization Form



Email form to: [info@batterieslab.gr](mailto:info@batterieslab.gr)

Attention: Mr Loukakis  
Phone: +30 2313 019 378  
[www.batterieslab.gr](http://www.batterieslab.gr)

RMA Steps: 1. Fill out this form completely 2. Prepare a copy of the sales invoice(s) for defective good(s) 3. Email above

<b>For Office Use Only</b>	Company / Person Name:	
	Account Number:	
RMA Number:	Ship To Address:	
Date RMA Issued:	City:	State: Zip Code:
Processed By:	Requested By:	
Item Returned: Yes / No	Email:	
Date Received:	Phone:	Fax:

Quantity	Item Number	Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	Comments / Special Instructions
<p>Record appropriate number in the "Reason Code" column above.</p> <ol style="list-style-type: none"> <li>Wrong quantity received</li> <li>Wrong merchandise received</li> <li>Damaged in shipping</li> <li>Duplicate order</li> <li>Product defective</li> <li>Customer not satisfied</li> <li>Incorrect item ordered</li> <li>Incorrect quantity ordered</li> <li>Other</li> </ol>	

<p>If items need to be returned, please ship to the address below <b>after</b> receiving an RMA number :</p> <p style="text-align: center;">Batterieslab Tavaki 40 Thermi, Thessaloniki 570 01, Greece Mr Loukakis Phone: +30 2313 019 378</p>	<b>For Office Use Only</b>
	Credit Issued: Yes / No
	Credit Amount:
	Transaction Number:
	Date Issued:
	Issued By:
	Comments: