

RMA (Return Material Authorization)



EVT Eye Vision Technology GmbH
Gartenstrasse 26
76133 Karlsruhe

Germany
Phone: +49 (0)721/668 004 23-0
Fax: +49 (0)721/626 905 -96
Email: info@evt-web.com
Web: www.evt-web.com

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RMA No:	<input type="text"/>
Order No:	<input type="text"/>
Date:	<input type="text"/>
Created by:	<input type="text"/>

RMA Process Description

1. Request an RMA Number from EVT.
2. RMA Document is mandatory for processing of your return; only completed and signed RMA inquiries will be handled. Mandatory Data have to be filled in.
3. Error Description or other issue, please describe the reason as detailed as possible.
Example: - When does the error occur- how does it manifest? – What is the environment the device is operated? Especially what the temperature in which the device is operated or which Software to you use?
4. Prechecking and Cost Estimation – Before you request an RMA number for the device, please have a look to the Manual our FAQ section or call our Service for assistance. For checking a device, we charge 100 € plus shipping and handling. In case of the repair is approved or the device is in the warranty period, only the shipping and handling is charged. Warranty expires if the device is opened, the serial number or type label is removed or it was improper handled.
5. Please do the return shipment of the device carefully, either packed in the original shipment box or similar box, to our German Head Quarter EVT Eye Vision Technology GmbH, Gartenstr. 26, 76133 Karlsruhe – Germany. Attach the label good visible to the shipping and add a copy of the RMA form in the box.
6. If you have a defect or other request outside the warranty period, please contact our service team to discuss the best solution for your problem. We will figure out the best solution for you.

With the below Signature you accept the return process and the terms above.

City / Date:

Signature:

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Please send the completed form prior to the shipment via e-mail or fax to EVT Eye Vision Technology GmbH.

Company Data: *(Fields with * are mandatory for processing the RMA.)*

Contact Name:
Phone / Fax:
Email:*

Company Name: *
Street, No.:
Postalcode City: Country: *

Product Details:

Product Number: Model Name: *
Serial Number: * Revision:
Firmware Version: * Device ID:
Delivery Date: Error date:
Error Code: *

Error Description: *

Additional Information:

Camera Configuration:
Error Data as File:
Temperature of Device in Use (in °C):
Originally purchased by: