



## SUPRAVOX – AFTER SALES SERVICE – GEAR RETURN FORM

Requested information to obtain your return authorization.

Please, fill in this form and send it back to [info@supravox.fr](mailto:info@supravox.fr) with a copy of your customer invoice.

### SENDER

- \* Company name: .....
- \* Address: .....
- \* Postcode City: .....
- \* City name: .....
- \* Country: .....
  
- Contact name: .....
- Phone number: .....
- E-mail: .....
- \* Shop name: .....

*Note: The new or repaired product will be sent back to the SENDER address.*

### GEAR

- \* Brand: .....
- \* Model: .....
- \* Colour: .....
- \* Serial number: .....
  
- \* Your reference (your internal tracking number): .....
- \* Purchase date of sale to the end customer: .....
  
- \* Reason(s) for return: .....
- .....
- .....
  
- \* Original packaging: .....
- \* Appearance of the product: .....
- \* Accessories: .....

Upon receipt of completed form (including your customer invoice copy), you will receive by email your RMA number and your Return Authorization. Fields marked with an asterisk (\*) are mandatory. An incomplete form may lead to rejection or delay in treatment.