

Return Material Authorization (RMA)

RMA Number / Complaint ID:
assigned by Brain Products

Contact Person Date

Customer Data:

Title, first & last name

Company / University

Department

Phone Email

Returned Items:

Quantity	Article Number	Product Description	Serial Number	Returning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for return /
Problem description per item

Repair Procedure: (please choose)

• YES, I will accept all associated costs arising from inspection, maintenance & performance test, cleaning, handling, repair & parts without receiving a quotation in advance if the overall amount does not exceed 750 € per article (shipping costs and local taxes not included).

• NO, I want to receive a quotation for the estimated repair costs in advance. I understand that a handling fee and costs for diagnosis of up to 150 € will be charged, even if no repair is required/possible or I do not confirm the quotation (shipping costs and local taxes not included).

Send equipment that is damaged beyond repair back to me.
Note: If this box is unchecked we will dispose of equipment that is damaged beyond repair.

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Contact for quotation / billing:

Title, first & last name	<input type="text"/>
Company / University	<input type="text"/>
Department	<input type="text"/>
VAT ID	<input type="text"/>
Address	<input type="text"/>
ZIP, City, Country	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Shipping Address:

Please complete this part only if the shipping address is different from the contact for quotation / billing.

Title, first & last name	<input type="text"/>
Company / University	<input type="text"/>
Department	<input type="text"/>
Address	<input type="text"/>
ZIP, City, Country	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Further comments:

Confirmation of compliance with Brain Products cleaning and disinfection requirements:

Please visit <https://www.brainproducts.com/support-resources/how-to-disinfect-your-brain-products-eeg-equipment/> for disinfection guidelines.

I hereby confirm that the equipment I'm returning is properly cleaned disinfected

I'm aware that MES Forschungssysteme may charge a cleaning/disinfection fee if returned items aren't properly cleaned/disinfected. If so, the fee depends on type and quantity of equipment.

Date Signature _____