



## Return Authorization Form

**Delivery address:**

Paasheuvelweg 26  
1105 BJ AMSTERDAM  
The Netherlands

RMA number \_\_\_\_\_  
Issued by \_\_\_\_\_

Tel: +31 20 4090651  
Fax: +31 20 4090652  
Email: [support@solva.eu](mailto:support@solva.eu)

---

Please fill in all the details below as accurate as possible.

Company name \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
ZIP code and location \_\_\_\_\_  
Country \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
Email address \_\_\_\_\_  
Date \_\_\_\_\_

---

Product description \_\_\_\_\_  
Serial number \_\_\_\_\_  
Reason of return \_\_\_\_\_  
  
Defect description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When multiple products are returned in 1 shipment, the Multiple Product Attachment (next page) can be used to fill in the defect details.

---

To correctly process your return, we kindly ask you to pay attention to the following:

- You must request a Return Authorization **before** shipping any products
- You should make sure that the RMA number is clearly written on the package
- The authorization is only applicable for the return of the specific product(s) it is supplied for
- The shipment must be solidly packed and shipping should be paid for, unless otherwise indicated by SOLVA
- Packages must be sent to our delivery address



**Return Authorization Form - Multiple Product Attachment**

(only valid in combination with completely filled out Return Authorization Form)

---

---

Product description

Serial number

Defect description


---

---

Product description

Serial number

Defect description


---

---

Product description

Serial number

Defect description

	:

---

---

Product description

Serial number

Defect description


