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# AED SERVICE - S.A.V.

**Dealer Name** ..... **Contact** .....

Invoice Address	Pick Up or Delivery Address
Street, nr	.....
CP/ZIP	.....
City	.....
Country	.....
Tel	.....
Fax	Remarks : (open hours and/or days) ..... .....
Email	
VAT Number	
Date	

## RMA Formulier (1 piece/bon)

### Information

Type (ex: cd player, mixer, a.s.o.)	.....		
Brand	.....		
Model	.....		
Accessories	.....		
Serial Number	.....		
Warranty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stock Dealer <input type="checkbox"/>
Invoice	Number :		Date :
Cost Estimation/Devis	Yes <input type="checkbox"/>	MAX COST : .....€	
Fault Description :	..... ..... ..... ..... ..... ..... ..... ..... ..... .....		

**IMPORTANT :**

1. When original packaging is used for transport, the risks of damage are on AED; When other than original or incomplete packaging is used, all the risks of transport are on customer.
2. AED will not be responsible for non or badly packed material.
3. Non mentioned accessories will not be able to be claimed.

Dealer Signature	Nbr. of Packages	Dimension (cm)	Weight (kg)
.....	.....	.....	.....