

Return Merchandise Authorization for Sensors <i>RMA-Formular für Sensoren</i>		RMA: <i>(to be filled in by / auszufüllen von Böning Automationstechnologie GmbH & Co. KG)</i>	
<p>To allow our Service Support Team to respond more efficiently to your request, we kindly ask you to complete this form by providing the requested information.</p> <p>Please do not return any material, before receiving an RMA number.</p>		<p><i>Damit unser Kundenservice effizienter auf Ihre Anfrage reagieren kann, bitten wir Sie, dieses Formular durch die Bereitstellung der angeforderten Informationen zu vervollständigen.</i></p> <p>Bitte versenden Sie keine Ware, bevor Sie eine RMA-Nummer erhalten haben.</p>	
Client / Company Name: <i>Kunde / Firmenname:</i>		Represented by: <i>Vertreten durch:</i>	
Invoice Address: <i>(Rechnungsanschrift):</i>		Shipping Address (if different from above): <i>Lieferanschrift (falls abweichend):</i>	
Reference No (if any): <i>Referenz-Nr. (falls vorhanden):</i> <i>e.g. ship name, project name, order no.</i> <i>Z. B. Schiffsname, Projektname etc.</i>		Contact (Phone / Email): <i>Kontakt (Telefon / E-Mail):</i>	
Customer ID (if any): <i>Kundennummer (falls vorhanden):</i>	Part No.: <i>Teilenummer:</i>	Serial No.: <i>Seriennummer:</i>	Quantity: <i>Menge:</i>
Component description: <i>Teilebezeichnung:</i>		Enclosed accessories: <i>Beiliegendes Zubehör:</i>	
Description of fault / reason for return: <i>(Fehlerbeschreibung / Rücksendegrund)</i>			
Warranty <input type="checkbox"/> <i>Gewährleistung</i>	Returned goods <input type="checkbox"/> <i>Warenrücklieferung</i>	Repair <input type="checkbox"/> <i>Reparatur</i>	
Non-Warranty <input type="checkbox"/> <i>Keine Gewährleistung</i>	Received advance replacement? <input type="checkbox"/> <i>Haben Sie Vorrersatz erhalten?</i>	Cost estimate required <input type="checkbox"/> <i>Kostenvoranschlag erwünscht</i>	
Bitte senden Sie das ausgefüllte Formular per Fax an: +49 4221 9475 - 9110 <i>Please return this completed RMA form by fax to:</i>		Oder per E-Mail: rma@boening.com <i>Or by e-mail to:</i>	

Böning Automationstechnologie GmbH & Co. KG • Am Steenöver 20 • D-27777 Ganderkesee • Telefon: +49 4221 9475-0 • Telefax: +49 4221 9475-222

Internet: www.boening.com
 E-Mail: info@boening.com
 TAX ID No: DE229750191
 Local court: Oldenburg HRA 140737

Bank: Oldenburgische Landesbank
 Account No.: 202 318 3300; BLZ: 280 217 05
 SWIFT-BIC: OLBO DE H2
 IBAN: DE 25 2802 0050 2023 1833 00

General partner: Böning Verwaltungs GmbH
 Local court: Oldenburg HRB 141420
 Manager: Dipl.-Ing. Günther Böning

Dokumentenversion: 4.0	Datum der Veröffentlichung: 24.11.2021	Dokumentnummer: FB-052-DE	Seite 1 von 3
Verantwortlich: 10 Geschäftsführung (GF) / 110 Vertrieb / Aftersales / Innendienst / # Leitung Aftersales			

Return of Sensor

Sender

Recipient

Company:	Böning Automationstechnologie GmbH & Co. KG
Department:	
Street:	Am Steenöver 4
City / Country:	27777 Ganderkesee Germany
Contact person:	
Customer number:	
Phone:	+49 4221 9475-0
Fax:	+49 4221 9475-222
E-Mail:	info@boening.com

Information about the Device

Device type: _____

Serial number: _____

Order code: _____

Order number: _____

The following field **must** be completed!
 Returns in which this field is not completed will **not** be processed.
 If another substance than fresh water, drinking water or sea water was measured, it is **imperative** to complete the enclosed declaration of decontamination.
 Returns without a required, but not completed declaration of decontamination will **not** be processed.

Measured substance: _____

Paste-like: Liquid: Gaseous:

Temperature of the substance: _____

Ambient temperature: _____

Pressure: _____

Remarks: _____

Method of cleaning: _____

Cleaning agent: _____

Used in a humid environment: Used outdoors:

Reason for Return of the Goods

Repair: Warranty case / Claim: Check:

Fault description / Other: _____

Estimate of cost desired:

Date: _____ Signature: _____

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Declaration of Decontamination

Dear customer,

To protect the environment and our employees we ask you to let us know whether the device you send to us came into contact with harmful substances. Please enclose a completed declaration of decontamination for every device. In the case of well founded doubts we **cannot** begin to analyze the fault or the repair for safety reasons.

Information about the Device

Device type: _____

Serial number: _____

Order code: _____

Order number: _____

Measured substance: _____ pH-value: _____

Cleaning agent: _____ pH-value: _____

The device came into contact with the following harmful substances:

1	2	3	4	5	6	7	8
							
Flammable	Biologically hazardous	Explosive	Corrosive	Injurious to health	Poisonous	Other hazards	Radioactive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Harmful Substances with which the Device Came into Contact:

We certify that the device mentioned above is free from harmful substances or was decontaminated professionally in compliance with the pertaining regulations. The information in the declaration of decontamination is complete and true.

Date: _____ Signature _____