



MRA

PRODUCT RETURN AND REPAIR FORM

Fill out a form for each product to be repaired. The form must be filled in using CAPITAL LETTERS.

Repairs will only be done after the MRA form has been completed correctly and an MRA number has been assigned. It is essential that as much information describing the problem in as much detail as possible be included in the MRA form. The completed form should be submitted by e-mail to **info@termorace.com**.

ALL FIELDS BELOW MUST BE COMPLETED AND THE FORM SIGNED. A COPY OF THE MRA FORM MUST BE ATTACHED TO THE RETURNED PRODUCT. THE PRODUCT MUST BE RETURNED TO THE TECHNICAL SUPPORT CENTER AT THE FOLLOWING ADDRESS:

MARCO POLO S.R.L. VIA DELL'ARTIGIANATO 28, 36050 BOLZANO VICENTINO (VI)

(*) The defective product will be analyzed to identify the causes of malfunction or failure and to estimate the cost of the repair (unless the warranty is applicable). The estimate of the repair will be sent to the customer for confirmation and must be approved within 15 days of its receipt, otherwise the material will be returned by courier to the customer, freight collect (freight cost charged to the customer) along with a charge of € 20 administration fee. If the product is under warranty attach a copy of the sales receipt or invoice showing the date of purchase. In the absence of proof of purchase the warranty terms are not applicable. The cost of shipment shall be the responsibility of the customer except in cases where the warranty is applicable.

CUSTOMER DATA	DELIVERY ADDRESS (IF IT'S DIFFERENT FROM CUSTOMER DATA)
COMPANY NAME _____	COMPANY NAME _____
ADDRESS _____	ADDRESS _____
CITY/ZIP CODE _____	CITY/ZIP CODE _____
PHONE _____	PHONE _____
E-MAIL _____	E-MAIL _____
CONTACT _____	CONTACT _____
VAT NUMBER _____	

PRODUCT DATA	
Product (ex. Tyrewarmer) _____	Supplier (Place of purchase) _____
Model (es. INTEGRal) _____	Date of purchase _____
S/N / Lot _____	N ° Inv. / Receipt _____

DESCRIPTION OF THE PROBLEM / FAILURE

POSTED ACCESSORIES	
<input type="checkbox"/> Original Packaging / Tyrewarmers bag	<input type="checkbox"/> Mep sensor for pressure)
<input type="checkbox"/> Power	
<input type="checkbox"/> Other: _____	

The customer accepts the conditions (*)

Date: _____

Signature: _____

FILLED IN BY MARCO POLO			
MRA N°			Date
		CHECK-IN	
		CHECK-OUT	