



AUTHORIZATION FORM FOR MATERIAL RETURNS TO MD

COMPANY NAME:

DATE : ../../....

COMPANY DATA

COMPANY NAME:

MD CUSTOMER No.:

PLACE:

PERSON IN CHARGE:

Authorization number of the return (to be mentioned on the delivery note):

MD Micro Detectors S.p.A. will evaluate the status of the product and will apply the price decrease if necessary.

PRODUCTS AND REASONS FOR THE RETURNS

- 1.() Return due to wrong delivery by MD
- 2.() Return due to defective goods
- 3.() Return of samples/goods used for testing purposes only
- 4.() Any other reason (specify the cause of your request)
.....

(for point no. 2, pls. specify here below the type of malfunction and describe the application).

CUSTOMER NOTES

Part numbers	Quantity	INVOICE NO. AND ISSUE DATE	PURCHASE PRICE	PRODUCT LOT NO.	PRODUCT STATUS
1					
2					
3					
4					
5					
6					

APPROVALS

SALES MANAGER _____

AREA MANAGER _____

KEY ACCOUNT _____

INSIDE SUPPORT _____

MD NOTES

Red notes to be filled in by MD.