

To return goods to MBN GmbH, you have to inform us first about return delivery. You reach us under:

Telefon: +49-821 - 60099 0

Fax: +49-821 - 60099 99

E-Mail: RMA@proled.com

To ease error tracking and shorten handling time, we ask you to fill out attached form and tell us the reason for returning goods, before you send them back.

You will then receive a return number, which must be noted on the delivery note as well as visible on the parcel. If the return number is missing we have to return the parcel EXW.

A return of original goods is only possible when they are completely new, originally packed and real time declared. Please be advised, that a handling fee of 20% as well as additional costs for missing packing etc. will be charged, if above points are not fulfilled.

RMA-No. (issued by MBN GmbH:)

customer code _____

postel code, city _____

company _____

photo _____

contacts _____

fax _____

street _____

e-mail _____

date _____

*reason for return: **FC** = goods delivered wrong **FK** = goods ordered wrong
D = defective goods, detailed description of the defect required

| 1.) invoice number | invoice -/ date | Ord. Code | Model/Discription | Qty |
|--------------------|-----------------|-----------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |

Serial Number / Production Code:

* reason for return FC* FK* D*

detailed description of the defect / reason for return:

RMA (return authorization number)



| 2.) invoice number | invoice -/ date | Ord. Code | Model/Discription | Qty |
|--------------------|-----------------|-----------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |

Serial Number / Production Code:

* reason for return FC* FK* D*

detailed description of the defect / reason for return:

| 3.) invoice number | invoice -/ date | Ord. Code | Model/Discription | Qty |
|--------------------|-----------------|-----------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |

Serial Number / Production Code:

* reason for return FC* FK* D*

detailed description of the defect / reason for return:

| 4.) invoice number | invoice -/ date | Ord. Code | Model/Discription | Qty |
|--------------------|-----------------|-----------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |

Serial Number / Production Code:

* reason for return FC* FK* D*

detailed description of the defect / reason for return:

MBN GmbH

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