SAVV

Return Merchandise Authorization Form

PLEASE READ THROUGH WHOLE FORM AND FILL OUT ALL FIELDS WITH *

1. Fill out the form and send it back to SAVV (email to support@savv.it or FAX to +39 0383 371024) prior to returning the material
2. Make a copy of the form you have filled out and place it in the box with your items
3. Ship to SAVV S.r.l. Via Palli, 2 - 27053 Lungavilla (PV) - ITALY, RMA: [include your RMA# here]
4. All shipment costs, duties, taxes (if applicable) and in-transit damages caused by improper packaging or handling are the responsibility of the customer
5. Full RMA Policy and return instructions may be consulted at www.savv.it

Privacy Policy
S.A.V.V. S.r.l. ('SAVV') processes your personal data in compliance with the provisions set out in the EU Regulation 2016/679 ('GDPR'). Your data will be processed in hardcopy, electronic and telematic form i) for accounting purposes, ii) for the management of your commercial and technical inquiries, iii) for the entering or performance of a contract between You and SAVV and iv) to fulfil the obligations which arise under the law. The data controller is S.A.V.V. S.r.l. Via Palli, 2- 27053 Lungavilla - Italy in the person of its legal representative. Where applicable, in relation to personal data processing you may exercise your rights in accordance with artt. 15-21 GDPR. Place where your data will be processed: Italy.

SECTION 1. Billing and shipping address

Enter your shipping address information. Enter also a billing address if you want your invoice sent somewhere other than the shipping address.

Shipping address

Title (Mr., Ms.)	
First name	
Last name	
Company name *	
Address (Line 1) *	
Address (Line 2)	
City *	
State/Province/Region *	
Zip/Postal code *	
Country *	
Phone *	
Fax	
VAT N. *	

Billing address

☐ **Same as shipping address**

Title (Mr., Ms.)	
First name	
Last name	
Company name *	
Address (Line 1) *	
Address (Line 2)	
City *	
State/Province/Region *	
Zip/Postal code *	
Country *	
Phone *	
Fax	
VAT N. *	

SECTION 2. Shipping method

Select how you want your equipment to be shipped back to you after the evaluation and/or repair.

☐ Use my account

Forwarder *	
Account Number *	

☐ I don't have any account, please add return cost to repair quote

☐ Other (please specify) *

SECTION 3. Returned items

Enter the number of your trasportation document or AWB and create a list of the items you are sending back. Add each piece of equipment you are returning and the problem you are having.

Trasportation document/AWB

Total Number of items returned *

Model**	Serial Number***	Defect encountered

Notes

**Please choose model from chart below

1. Proxim (LT)	5. Wi-Trak Pro 4G (WL)	9. D2W20
2. Proxim Central Unit (UB)	6. NaNo G Dual (NG)	10. D2W24
3. Wi-Trak Pro (WP)	7. NaNo 3G (NG)	11. Other
4. Wi-Trak Pro 3G (WG)	8. NaNo 4G (NL)	

***Leave blank if you are unable to retrieve the serial number

SECTION 4. Contact E-Mail / Fax

Enter the e-mail address to which we will send the quote. Enter a valid FAX number if you want to receive also a written copy of the quote. Leave Fax Number blank if you do not want a written copy of the quote.

Send repair quote to this e-mail address *

☐ Send repair quote also to this Fax number

PLACE AND DATE OF ISSUE OF THIS DOCUMENT_____

STAMP AND SIGNATURE_____