



RETURN AUTHORIZATION REQUEST

To Send filled to : ZTP s.r.l. - Sales Department
Fax 0522/966237 - 0522/960998

PLEASE WAIT OUR AUTHORIZATION NUMBER BEFORE RETURN THE MARCHANDISE
PLEASE WRITE THE AUTHORIZATION NUMBER ON YOUR RETURN DOCUMEN

To be filled in each part

CUSTOMER	ZTP'S DELIVERY NOTE AND INVOICE

CODE	EQUIPMENT	DESCRIPTION	Q.TY

ASKING FOR: SOBSTITUTION
 CREDIT NOTE

DATE	APPLICANT'S FUNCTION	CUSTOMER'S STAMP AND SIGNATURE

REASON OF THE RETURN:

THIS PART MUST BE FILLED BY ZTP s.r.l.

RETURN AUTHORIZATION REQUEST NR. _____
COMMERCIAL DIRECTION SIGNATURE _____
QUALITY DEPARTMENT SIGNATURE _____
DATE _____

REASON OF THE AUTHORIZATION: