RETURNS FORM										Your order number:													
Please enter the order number in the field provided and then fill out the form completely.																							
Company:								_														_	
First name	First name and surename:																						
Street:						Р	ost cod	de/C	City:														
Country: Your contact:																							
The following items are being returned:																							
Quantity	Item No.	Defect? Quantity Item No					No.		efect?		Quantity					Item No.				Defect? yes □ no □			
		yes □ no □						У	es 🗆 no	o 🗆									yes		no		
		yes □ no □						У	es 🗌 no	o 🗆									yes		no		
Reimbuif you preed to deliver	paid via immed o supply us wi y we need ther at Holder: rrect / unorder n is defective	ually made to the liate bank trans th your bank a	fer, your	r acco	oun S sc	t det	ails wi	II no	t have make a	not b	een Ibur	trar sem	ent.	itte . Fo	d to	us.	In t	this	cas	e yo	ou v	vill	
Place	& date					S	ignatu	re															
To be filled Warranty?		rns department □ Yes Repl	: acemen	t part	alr	ready	sent?		No □	l Yes													
Remarks:																					_		
Final: Returned to ☐ Customer ☐ Warehouse ☐ new ☐ B-Ware ☐ signs of usage ☐ Packaging only ☐ missing parts ☐ irreparable☐ destroyed ☐ Spare part shelf																							
Remarks:																					_		
Date:						Ager	nt:																