

Applicant

Customer No. D	<input type="text"/>
Company name:	<input type="text"/>
Name Applicant:	<input type="text"/>
E-Mail/Fax:	<input type="text"/>

Application No. (Reference No.)

IMPORTANT! Please read

- Any return must have been approved in advance. Please send this form by email, fax or letter to the address given below. For returns without prior approval a basic charge of 10% will be deducted from the total amount or the return will be rejected!
- We reserve the right to charge max. 35% of the purchase price for the cost of rewarehousing the goods. The actual charge is based on the condition of the article and the packaging.
- Enclose a copy of the "return confirmation" form with the article to be returned.
- Agreement to returns can only be given by the Guarantee Management.

Please note that returns should be marked as such and be delivered carriage paid!

Part No.	Pcs.	Invoice No.	Reason for return
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot-No.	<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot-No.	<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot-No.	<input type="text"/>		

☐ I hereby confirm that the information given on this form corresponds to the true facts.