

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"/> | | |

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

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