

Goods return form

date: _____

Dear customer,
to assure a fast and frictionless handling of your reconsignment, we ask you to fill out the form very carefully. Thank you very much!

Without this complete filled-out document = no acceptance of returnings and no credit note(s)!

information to your reconsignment

goods data

order-no. (5 digits): _____
description of goods: _____
part number: _____
quantity: _____
ID-or LOT-number: _____

reason for reconsigning

defective/ damaged good(s)	<input type="checkbox"/>
good(s) just used for checking	<input type="checkbox"/>
good(s) not used	<input type="checkbox"/>
damage in transit	<input type="checkbox"/>
incorrect order	<input type="checkbox"/>
wrong delivery	<input type="checkbox"/>

customer data

customer/ agent: _____
country: _____
contact person: _____
phone number: _____
e-mail: _____

handling

free delivery (reconsignment of parts necessary)	<input type="checkbox"/>
request for checking	<input type="checkbox"/>
request for credit note	<input type="checkbox"/>
request for r repair	<input type="checkbox"/>
request for new delivery	<input type="checkbox"/>
new delivery already carried out	<input type="checkbox"/>

description of errors:

Further procedure:

information to affected machine/ system

machine type: _____
serial number: _____
date of installation: _____