

## Goods return form

To assure a fast and frictionless handling of your reconsignment, we ask you to fill out the form very carefully. Please use a separate form for each spare part. Thank you very much!  
 Items have to be returned **within 6 weeks** after delivery. Later returns can not be processed.  
 Depending on the effort, a processing/testing fee may apply.

*(Fields with \* are mandatory.)*

**► Note: Without a completed return form there will be no processing and no credit!**

### Customer data

Customer/agent: \* \_\_\_\_\_  
 Country: \* \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 E-Mail: \* \_\_\_\_\_  
 Phone number: \_\_\_\_\_

### Machine information

Machine type: \* \_\_\_\_\_ Year of construction: \_\_\_\_\_  
 Machine number: \* \_\_\_\_\_

### Goods data

Order number: \* \_\_\_\_\_ Delivery note number: \_\_\_\_\_  
 Item number: \* \_\_\_\_\_ Serial/-ID number: \_\_\_\_\_  
 Quantity: \* \_\_\_\_\_ (electrical part) \_\_\_\_\_  
 Item name: \_\_\_\_\_

### Reason for reconsigning

### Handling

defective/damaged goods	<input type="checkbox"/>	request for checking	<input type="checkbox"/>
goods not used	<input type="checkbox"/>	request for repair	<input type="checkbox"/>
incorrect order	<input type="checkbox"/>	request for credit note	<input type="checkbox"/>
wrong delivery	<input type="checkbox"/>	request for new delivery	<input type="checkbox"/>
others: _____		new delivery already made	<input type="checkbox"/>

### Description of errors:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Company's stamp: \_\_\_\_\_ Name in block capitals: \_\_\_\_\_

### Internal information on further procedure (please don't fill in)

\_\_\_\_\_  
 \_\_\_\_\_