

RETURN DELIVERY NOTE

ORDER

Customer no.
Contact person (Name/Tel.)
Order no. / Position
Invoice no.
RMA no.

ADDRESSES

Customer
Alternative delivery address
Your internal order number

THE FOLLOWING GOODS ARE RETURNED

Quantity	Article no.	ID no. / Order no.

REASON FOR RETURN (please tick necessarily)

- | | |
|--|--|
| <input type="checkbox"/> Goods defective ** | <input type="checkbox"/> Goods wrongly ordered |
| <input type="checkbox"/> Goods wrongly delivered | <input type="checkbox"/> Other reason |

** Defect description / Other reason (always state if goods are defective)

CUSTOMER ASKS FOR

- | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Credit note | <input type="checkbox"/> Inspection | <input type="checkbox"/> Exchange |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Quotation | <input type="checkbox"/> Modification |

In Order to ensure quick processing by our technicians, we kindly ask you to complete this return delivery note as accurate as possible. This will avoid unnecessary delays. Thank you for your cooperation.

City /Date

Company Stamp/Signature