Form for return shipments

LacTec

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Call number

Customer

Customer Ident-No.:	Contact name at customer: *)	Does any agreement about this Call or claim already exist?
Customer Address *)	Phone *)	
	E-Mail	☐ Yes ☐ No
	Date *)	Name:

To facilitate / accelerate further processing, please fill in as far as possible!
Important note: If no repair is carried out, we reserve the right to charge any costs incurred up to that point.

Amount *)	Article-No.: *)	Order-, Deliverynote- or Invoice-No.:	Serial-No.:	Warranty Check	Repair	Cost Estimation	Replacement (New Part)	Replacement (AT-Part)	Return for credit note	Remarks *)

Other remarks / extended error description / used medium *) :

_____

_____

_____

_____

Filled by LacTec only:

Goods receipt: Date: _____ Name: _____

Credit Note: ☐ Yes ☐ No Date: _____ Name: _____

Case of warranty: ☐ Yes ☐ No Date: _____ Name: _____

Remarks: _____

_____

*) Mandatory – Please fill – Thank you

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