

# Return form

Address / Practice:

.....  
 .....  
 .....  
 .....

Date: .....

Contact person: .....

Phone: .....

Mail: .....

Dealer: .....

Number of order confirmation / delivery note: \_\_\_\_\_

Reason for return:

- Repair
- Repair with quotation
- Return for credit note

- Complaint
- Return of article  
for loan

Serial number(s) of dental chairs:

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

Quantity      Articlenumber      Serial number      Name

<u>Quantity</u>	<u>Articlenumber</u>	<u>Serial number</u>	<u>Name</u>

Detailed failure description (without detailed description no treatment is possible):

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

**Please send the completely filled in form along with the complained parts. Otherwise we cannot establish a credit note.**

According to the ISO registration we are obliged to file these forms. We thank you for your co-operation. Unused articles are credited less a handling charge at the rate of 20% by the list price.

Our general terms and conditions of business and terms of delivery are valid.

Signature: \_\_\_\_\_