

## Return of items

The scheme shall **always** be filled out and enclosed the returned items !

Date ( dd/mm/yyyy )	<input type="text"/>	<input type="text"/>	<input type="text"/>	Invoice / order no.	<input type="text"/>
Company / customer	<input type="text"/>				
Address	<input type="text"/>				
ZIP code and town	<input type="text"/>				
Contact person	<input type="text"/>	Office hours	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>		
Mobile phone	<input type="text"/>	E-mail	<input type="text"/>		

### Return type ( please tick the appropriate box )

<input type="checkbox"/> Repair	<input type="checkbox"/> Warranty ( Documentation must be enclosed )
<input type="checkbox"/> Loans	Under the agreement with <input type="text"/>

### Description of item

Purchased ( dd/mm/yyyy )	<input type="text"/>	<input type="text"/>	<input type="text"/>	Enclosed equipment	<input type="text"/>
Model	<input type="text"/>	No.	<input type="text"/>	( Number of items )	
Further information	<input type="text"/>				

### Description of error Cause of the return ( described in detail in the below section )

### Type of error ( please tick the appropriate box )

<input type="checkbox"/> Static	<input type="checkbox"/> Periodic
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### Possible return way ( please tick the appropriate box )

<input type="checkbox"/> Send items	<input type="checkbox"/> Pick up items	<input type="checkbox"/> Wants a call
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