



Return form

CUSTOMER

To be filled in by the customer:

Return Complaint Service

Customer: _____ Mail: _____
Contact person: _____ Customer number: _____
Phone: _____ Invoice number/order number: _____
_____ Contact person NOA: _____

Art. number	Number	Cause

To be filled in by NOA:

Day of delivery: _____
Fixed: _____
Carried out by: _____
Additional information: _____

NOA

Credited New product Back in stock Yes No Fixed return to customer

Return fee: _____

