

Returns note

Date: _____

Customer ID: _____

Company: _____

Contact: _____

Address: _____



City: _____

Area Code: _____

Fax: _____

Telephone: _____

E-Mail: _____

Web: _____

Invoice number: _____

Delivery date: _____

Quantity	Article. no.	Reason of return

General information: *(please tick)*

- Replacement of wrong article
- Replacement because of defect or transport damage
- Credit note

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