

Return Bill

PLEASE FILL OUT THIS FORM COMPLETELY:

Your Customer No.							
Invoice-No. and / or Delivery-No.							
Name / Company							
Contact Person							
Telephone							
E-Mail							

Reason of the return

1	Packaging damaged*	2	Wrong product delivered*	3	Product defective*
4	Wrong quantity delivered*	5	Wrong product ordered	6	Wrong quantity ordered
7	Other (Please specify)				

Art. No.	Product name	Batch No.	Quantity	Reason for return (s. Numbers 1-7)

*Please forward return bill to Quality Management (will be forwarded by ZAPP-ZIMMERMANN)

Detailed description of the defect / In case of exchange, please specify the desired item / Other reasons

We wish

<input type="checkbox"/> Replacement Delivery	<input type="checkbox"/> Refund	<input type="checkbox"/> Credit Note
<input type="checkbox"/> Cleaning/ Repair		

Place, Date	Name
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General Informations

- Please use this form exclusively for your return shipment.
- Incomplete forms cannot be processed.
- Missing information can lead to queries and delays in processing.
- Please do not return any items carriage forward
- Preferably use our return service, also possible for pallets
- Only return complete packaging units
- Send the returned goods securely packaged
- Specially manufactured parts will only be accepted in exceptional cases.

Please send the returned goods to:
 ZAPP-ZIMMERMANN GmbH
 Versandbüro
 Marconistr. 3
 50769 Köln

INTERNAL RETURN-NO. <i>(Will be filled by ZAPP-ZIMMERMANN)</i>				
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