

RETURNS FILING

Dear customer,

Please note: In order to smoothly and quickly process returns we need you to fully complete this work slip.

Invoice number

RMA number

CUSTOMER (to be filled in by the customer)

Company / name

Customer no.

Contact

Phone

Street / house no.

Fax

Post code / place

E-Mail

RETURNED ITEM(S)

Quantity	Item no.	Designation	Serial number

REASON FOR RETURN

Incorrect item ordered

Wrong item received

Item damaged

Goods do not fit

Goods no longer needed

Delivery date too late

Cancelled by end customer

Other reason

Please always include a copy of the invoice with return slips.

(Place, date)

(Customer signature)

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