

Return/Service Form

For fast handling of your return please take note of the following:						
 The return form must be filled out completely Please enclose a copy of the delivery note or invoice Always return all parts and fittings that belong to the goods / pedal pair The goods must be packaged adequately If your goods are being exchanged they must be in perfect condition In the case of a defect, fault or any other reason for a return please give us a brief description Complaints to damaged, incomplete or quantity shortfall of goods must be reported within 7 days of the delivery date. Send reports to our logistics department Returns of damaged or incomplete goods for which no report was made will not be accepted 						
Reference number						
Invoice number						
Customer number						
Firm/Company						
Contact person						
Telefon number						
Date and signature						
Reason for return						
(1) Goods not ordered	(2) Other (Please state in box below)					
(3) Wrong item number delive	(3) Wrong item number delivered (4) Item is incomplete					
(5) Double delivery	(6) Wrong amount delivered					
(7) Item is faulty, broken or damaged. (Please state in box below)						
(8) Goods ordered incorrectly						
Quantity Item number	Reason for return(1-8)					

Short message or error description:						

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Replacement delivery	Replacement is not desired
Replacement delivery has alread	dy been made

Internal notes for service department (Filled in by Reverse Components)						
INTERNAL HOLES FOR SERVICE OF	partinent (i	illed iii by nev	erse Compone	ents)		
Delivery date			-			
Dete of processing			_			
Date of processing						
Case worker						
Do the delivered items	— ,,	<u> </u>				
correspond to the items on the delivery note?	Yes	Incorrectly	y recorded			
the delivery note:		Order inco	orrect			
	☐ No	Package i	incorrect			
		Order pick	ked incorrectly			
		Older pick	red incorrectly			
		Sent wron	ıg			
Service						
Replacement Credit	Obligingne	ess Guarantee	Reparation	Warranty		
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Work carried out						
I						