

## Return/Service Form

For fast handling of your retur	n please take note of the following:			
<ul> <li>The goods must be packag</li> <li>If your goods are being exc</li> <li>In the case of a defect, fault description</li> <li>Complaints to damaged, increported within 7 days of the department</li> </ul>	le delivery note or invoice fittings that belong to the goods / pedal pair			
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	ered (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 (We will charged a restocking fee of 10.00€)				
Quantity Item number	Reason for return(1-8)			
Short message or error description:				

**Customer wish (Please tick a box)** 

(* ************************************	
Replacement delivery	Replacement is not desired
Replacement delivery has already be	en 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	<b>—</b> ,,	<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		
l .						
Work carried out						
I						