

# RETURN DELIVERY NOTE central battery system

## ADDRESS of customer

## ADDRESS of supplier

RMA-number	
name of customer	name of supplier
address	address
phone number*	phone number*
email address	email address
name of contact person*	name of contact person*

## THE FOLLOWING ITEMS ARE RETURNED

device number CBS* (see nameplate)	quan- tity	product name/ number*	customer order no.	description of error*

\*) Please fill the required field for processing complaints!

### REASON FOR RETURN (please tick as appropriate!)

- |  |  |
|--|--|
| <input type="checkbox"/> product defective         | <input type="checkbox"/> product wrongly ordered |
| <input type="checkbox"/> product wrongly delivered | other reason:.....                               |

### Customer asks for

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> inspection | <input type="checkbox"/> credit note | <input type="checkbox"/> exchange  |
| <input type="checkbox"/> repair     | <input type="checkbox"/> warranty    | <input type="checkbox"/> guarantee |

To ensure quick processing by our technicians, we kindly ask you to completely fill in this return delivery note as accurate as possible and to add this document to the good. Thank you for cooperation!

place/date

stamp/signature