

FOLLOW-UP:









## **RETURN FORM**

Griekenweg 16 | 5342 PZ Oss | The Netherlands | +31412693577 | info@schuurmanbv.com

Please tell us why you would like to return your product by marking one of the two reasons of return, stated below, with a cross. Please note only completely filled in forms will be accepted. Only one type of product can be filled in per form. You can find explanations of all return options on the following page, or you can call us via telephone on 0031-412693577.

COMPANY NAME		
ORDER NUMBER		
DATE		
ADDITIONAL INFO		
PRODUCT NUMBER		
PRODUCT NAME		
AMOUNT		
The received product is well assect the product is well as	received product is wrong or damaged. You can return this product within 10 days after invoice date.  se cross out preference:  I would like to receive the correct/undamaged product. (cross out if not applicable)  I would like to receive my payment back, my account number is:  u received a damaged product, please describe here what is damaged or not working:	
The received product is do is expired. If the warranty  The product is co  The product is No agreed upon.	2. DEFECTIVE PRODUCT OR WARRANTY REQUEST The received product is defect. The defect is covered by a warranty or the product is defect and the warranty is expired. If the warranty has expired we can provide repair services upon prior agreement.  The product is covered by a warranty  The product is NOT covered by a warranty, product will be repaired when repair costs have been agreed upon.  Please describe here what is damaged or not working:	
PART TO BE FILLED BY SC IN: BY:		