

RETURN-DELIVERY NOTE* REPARATION CLAIM*



*Please contact GEDA before return-delivery/claim!

CONTACT DETAILS

Customer ID: _____
Company: _____
Contact person: _____
Zip code/City: _____
E-Mail: _____

Transaction key

REP/KR: _____

Street: _____
Country: _____
Phone: _____

HOIST INFORMATION

Product: _____
Purchase date: _____

Serial number: _____
Date of damage report: _____

DESCRIPTION OF FAULT

Spare parts delivered with order no.: _____ Date of order: _____

Art. No.	Description	Quantity	Condition		
			new	used	damaged
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Description of fault: _____

CUSTOMER REQUIREMENT

Credit note due to **GEDA's** wrong delivery

Exchange credit note

Repair

Credit note due to a false order (**customer**)

Estimate of cost

Replacement delivery

Please note: Special designs and electrical parts can not be returned.

The applicant confirms that the information is true.

Date

Signature/stamp

Please send this form back to the GEDA Service-Center!
Fax: +49 (0) 906/9809-169 | E-Mail: service@geda.de