

# RETURNS



Vecoplan AG  
 Vor der Bitz 10  
 56470 Bad Marienberg  
 Tel.: +49 (0) 2661.6267-0  
 Fax: +49 (0) 2661.6267-70

VECOPLAN contact person \_\_\_\_\_

## Your machine

Machine no.\* \_\_\_\_\_

Year of manufacture \_\_\_\_\_

## Parts

Order no. \_\_\_\_\_

Delivery no. \_\_\_\_\_

Invoice no. \_\_\_\_\_

## Your contact

Customer no. \_\_\_\_\_

Name\* \_\_\_\_\_

Contact person\* \_\_\_\_\_

Telephone\* \_\_\_\_\_

E-Mail\* \_\_\_\_\_

Pos.	Quantity*	Article no.*	Description*	Condition*
1				<input type="checkbox"/> new <input type="checkbox"/> damaged Operation hours -----
2				<input type="checkbox"/> new <input type="checkbox"/> damaged Operation hours -----
3				<input type="checkbox"/> new <input type="checkbox"/> damaged Operation hours -----

## Reason for return\*

- Wrong delivery                       used (reconditioning)  
 Warranty                                       Other

## Description reason for return\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

*\*Please fill in*