

# Return form



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Fax: +44 (0) 2380 98703 9  
info@industrial-needs.com  
www.pce-instruments.com

**Please fill in completely and send to us along with the product!**

Device faulty

Return

Calibration order

Your customer no.: ..... (if any)

Company: .....

Contact person: .....

Address: .....

Post code / city: .....

For technical queries: Phone: ..... / ..... Fax: ..... / .....

Email: .....

Returned item: ..... (Part no.)

If possible, please include copy of your invoice

Serial no.: ..... (if known)

Detailed description of reason of return: .....

.....  
.....  
.....  
.....  
.....  
.....

When did the problem occur? (Immediately? After a certain period of time?) .....

.....

Please avoid general error descriptions such as "faulty", "defective".  
The more accurate your error description is, the quicker we will be able to identify and eliminate the problem.

Please also add a copy of your invoice to the returned item!

.....  
Date / signature / company stamp

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