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Return form

Please fill in completely and enclose it with the measuring device

device damaged

return

calibration order

Order/invoice no.: (if available)

Company:

Contact person:

Address:

Postal code / City:

For technical queries : Tel.: / Fax: /

Email:

Submitted item: (item number)
If possible, please enclose a copy of the invoice.

Serial number: (if available)

Exact reason for return :

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

When does the error occur? (immediately? after some time?)

.....

**Please do not include any information such as "defect" or similar generalized error descriptions!
The more precise the error description, the faster the error can be found and eliminated!**

Also enclose a copy of the invoice with the measuring device!

.....
Date / signature / company stamp

RETURNS TO:
PCE Deutschland GmbH
Repairs department
Im Langel 26a
59872 Meschede
Germany