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Return Form

Please, fill in completely and enclose with the measuring instrument!

Device defective

Return

Calibration order

Your customer number: (if available)

Company:

Contact person:

Address:

ZIP / City:

For technical queries: Tel.:/..... Fax.:/.....

E-Mail:

Sent item: (item number)

If possible, please, enclose the copy of the invoice

Serial number: (if available)

Exact reason for return:

.....

When did the error occur? (at once? After a certain time?)

.....

Please, do not write "defective", or similar general error descriptions!
 The more accurate and precise the error description is, the faster the problem can be found and eliminated!

Also, together with the meter, enclose the copy of the invoice!

.....
 Date / Signature / Company stamp