

# Return Application

**Attention:** Returns / Complaints this application must be filled out and included in the shipment of returned goods !

The goods be returned within 14 days of their receipt, they must be intact and sent postage paid, otherwise we will not accept delivery ! Pick-Ups, with a value of at least 40,- €, please request telephonically.

**Date:** \_\_\_\_\_

**Customer:** \_\_\_\_\_

**Customer Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Order:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Returned Articles

**LH-Article Number**

**Quantity**

_____	_____
_____	_____
_____	_____
_____	_____

**Remarks :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Requested:**

money back      Bank Information: Name on Account .....

Account Number .....

Routing Number .....

exchange

recall

exchange as requested

guaranty exchange

**Type of Shipment:**

GLS (General Logistics Systems)  Postal  Freight  Pick-Up  Other