| **For return of products: Please fill out, print and attach this document with your shipment:** |
| --- |
| **Product:** | **Serial Number:**  | **Ref./ PO Number:**  | **Shipped date:** | **Quantity:** |
|  |  |  |  |  |
| **Company Name:** | **Company Number:** | **Phone Number:** |
|  |  |  |
| **Return / Delivery Address** | **Contact Person:** | **Fax Number:** |
|  |  |  |
| **Invoicing Address:** |  | **Country:** | **E-mail address:** |
|  |  |  |  |
| **VAT nr:** |
|  |

|  |  |
| --- | --- |
| **Parts included in shipment (Other):** |  |
| **Reason of return:** |  | **Re-Calibration: ( )** |  **Repair: ( )** |

**For parts returned for repair, please fill out the required information below:**

|  |  |
| --- | --- |
| **Failure description:** |  |
| **Origin of failure (Operation/Assembly):** |  |
| **Conditions for failure observation:** | **Temperature** | **Permanent/Random** | **Pressure/Force** |
|  |  |  |
| **Max force applied on product:** |  |
| **Have product been used with chemicals?** | **Yes( ) /No( ) [If Yes, please fill out COSHH]** |

**For ScanSense AS (only):**

|  |  |
| --- | --- |
| **Mottatt dato:** | **Innhold:** |
|  |  |
| **Registrert på ordrebekreftelse:** | **Skjema sendt kunde dato:** |