| **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:** |