



RE-

This field is filled in by the Althen Service Department.

PLEASE NOTE

Please fill in all fields completely. When finished, print the document and attach it to your shipment.
Please understand that we cannot process orders without this form!

PRODUCT INFORMATION

	Product 1	Product 2	Product 3
Product name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service:	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	
	<input type="checkbox"/> Supply	<input type="checkbox"/> Other	
Product was bought at:	<input type="checkbox"/> Althen / Germany		
	<input type="checkbox"/> Althen / Netherlands		
	Other Country:	<input type="text"/>	

RETRURN REASON / ERROR DESCRIPTION

A detailed error description shortens the processing time!

Contact person for technical queries:

_____ Ph.: _____ Email: _____

The inspection costs per product are charged in accordance with the valid service and repair conditions.

SHIPPING ADDRESS

Order / Ref. No.:

First Name, Last Name:

Department:

Email:

Phone:

Company Name:

Street, Street No.:

Postcode, City:

Country:

VAT-ID No.:

BILLING ADDRESS

Invoice address corresponds to delivery address.

First Name, Last Name:

Department:

Street, Street No.:

Postcode, City:

Country:

Email:

Phone:

VAT-ID No.:

For all returned goods I confirm that they are free of microbiological, chemical, toxic and other hazardous substances.
With our signature we accept the **service and repair conditions** (<https://www.althensensors.com/services/repairs>).

Place, Date

Signature, Company Stamp