

MATERIAL RETURN FORM



Company:	_____	Contact:	_____
	_____	Phone:	_____
Address:	_____	Fax:	_____
Postal code/City:	_____	E-mail:	_____
Country:	_____	Date:	_____

Please return this form together with the defective product to following address:

SensoPart Industriesensorik GmbH
Naegelsestr. 16
79288 Gottenheim
Germany

Ticket number (if available):

RMA number (filled in by Sensopart):

Important Notes

If the value of the products exceeds 500 €, please contact your local sales representative or the **Customer Service (Sensopart Germany, +49 7665 94769-750)** in advance in order to ensure quick processing.

The address of Sensopart must be clearly visible on the parcel.

In case of an incorrect delivery, please return the products complete and in their original condition and packing.

If you have a warranty claim for the defective product, return it professionally packed so that you don't lose your entitlement.

Article number or part number	Purchase date	Order number (if available)	Failure description

Please tick appropriate box:

- | | | |
|--|---|--|
| <input type="checkbox"/> Repair | <input type="checkbox"/> Repair after estimate of costs | <input type="checkbox"/> Exchange requested/received |
| <input type="checkbox"/> Sample return | <input type="checkbox"/> Incorrect delivery/order | <input type="checkbox"/> Hardware Upgrade |