

Tel.: +49 2137/ 105- 0

Fax: +49 2137/ 105- 230 Email: verkauf@gifas.de

# Return Document

Dear Sir or Madam,

In order to be able to process your return uncomplicated and fast, we kindly ask you to fill and sign the return document and enclose it with the returned goods.

Please note that we always check the returns with you.

Unfree returns cannot be accepted.

Please put the return section good visible at the outside of the box.

You can find detailed information on our return and return regulations on our website:

www.gifas.de

------------------Please make visible on the outside of the package ------------------------

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# RETURN Address

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Sender:** |  | **Recipient:** |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | GIFAS ELECTRIC GmbH |
|  |  | Borsigstraße 9 |
| Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 41469 Neuss |
| ZIP / City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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# Return Document

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street / No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip / City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Article Nr/  Description | Amount | Order Nr./  Invoice Nr. | Delivery Date | Reason for return |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Comments:

City, Date Signature