

RETURN OF GOODS		RM - «laufnr»
<p>Customer Information:</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Contact person: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Customer order no.: _____</p>	<p>Follow this instructions:</p> <p>1) Fill out this form.</p> <p>2) Print the completely filled out form and attach it to the material !</p> <p>3) Send the material well packed to:</p> <p style="margin-left: 40px;">Moser-Baer SA Repair division Spitalstrasse 7 CH-3454 Sumiswald Switzerland</p> <p>The form can be filled out and sent directly through our homepage www.mobatime.com</p>	
<p>Product Information:</p> <p>Exact product name: _____</p> <p>Article no. (AN) / Serial no. (PN+SN): _____ / _____</p> <p>Module / Component / Movement type: _____</p> <p>Number of returned products: _____</p> <p>Our order no. / Invoice no.: _____</p> <p>Copy of invoice enclosed: <input type="checkbox"/> Yes</p>		
Reason for the return of goods (necessary to fill out)		
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Date of returned goods	Signature	