



Returns form

KIEFEL GmbH
Klebingerstraße 5
83395 Freilassing

Date:
Your order number:
Customer number:
Customer Name:
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Please note that your return cannot be accepted or processed without a returns form.
Please note you may be liable for costs for a diagnosis.

The following parts are being returned:						
Item	Material number	Quantity	Designation	Device number	Machine number	Value of goods
1						
2						
3						

Reason for return:		
A	New part	<input type="checkbox"/> Not required <input type="checkbox"/> Incorrect part delivered <input type="checkbox"/> Incorrect part ordered <input type="checkbox"/> Miscellaneous:
B	Defective part	<input type="checkbox"/> Guarantee/goodwill check <input type="checkbox"/> Replacement part <input type="checkbox"/> Repair charged to customer <input type="checkbox"/> Miscellaneous:
C	Loan part	<input type="checkbox"/> Returned for credit <input type="checkbox"/> Miscellaneous:

If you are returning a new part or a loan part (reason A or reason C), please provide the following additional information:
KIEFEL order number:
KIEFEL delivery note number:

If you are returning a defective part (reason B), please provide the following additional information:
Machine operating hours in automatic mode: _____ Component operating hours: _____
Control alarm message:
Description of outage:
Further fault description:

Desired actions:
<input type="checkbox"/> No further actions (because spare/replacement part has already been delivered / billing clarified)
<input type="checkbox"/> Repair with cost estimate <input type="checkbox"/> Subsitute delivery <input type="checkbox"/> Credit note
<input type="checkbox"/> Complaint with response <input type="checkbox"/> Miscellaneous:

Contact for processing and technical queries:
Name:
Telephone number:
Email: