**RETURN NOTE**

SERVICE/REPAIR/CALIBRATION/WARRANTY

|  |  |
| --- | --- |
| *DATE* |  |

**SENDER SENDS TO**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **ELPRESS AB**  **SERVICE DEPT.**  **Frånövägen 3**  **872 43 Kramfors**  **SWEDEN** | |
| **DELIVERY ADDRESS** | | | | | |  | |
| **INVOICE ADDRESS (if other than above)** | | | | | |  | |
|  | | | | | |  | |
| **PHONE** | **FAX NO** | | | | |  | |
| **E-MAIL** | **REFERENCE** | | | | |  | |
| **VAT. NO.** | **ORDER NO** | | | | |  | |
| **PRODUCT:** | | | |  | | **NUMBER:** |  |
|  | | | | | |  | |
|  | | | | | | | |
| **REASON FOR RETURN:** | | | | | | | |
| REPAIR/SERVICE  CALIBRATION  WARRANTY |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | | | | | | | |
| **DESCRIPTION OF FAILURE And USED CRIMP EQUIPMENT:** | | | | | | | |
|  | | | | | | | |
| **REQUEST** | | | | | | | |
| QUOTATION | | CONSULTING | RENTAL EQUIPMENT DURING REPAIR | | | | |
| *Yes, if the cost exceed EURO:* | | | | | *Fee during repair, two day rental* | | |
| **500** | | | | | | | |

* *Quotation/troubleshooting fee 72 EURO/crimp equipment*

*Fee deducted when approval of repair*