

Date: Delivery date: 

Invoice-number:	
Company:	
Street:	
Telephone:	

Invoice-date:	
Name:	
ZIP, location:	
Email:	

## Product description:

Reason for returning goods: (please click)	<i>technical defect</i>	<input type="checkbox"/>
	<i>optical lack</i>	<input type="checkbox"/>
	<i>transport damage</i>	<input type="checkbox"/>
	<i>revocation</i>	<input type="checkbox"/>

Shipping costs receipt added?	
Product number:	
Designation:	

Error description:	
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## Processing STEPCRAFT:

Assessment note:	
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Editor, working hours:	
Date of assessment:	