

Return Form



MarMed GmbH
- Abteilung Retouren -
Auf der Kupferschmiede 1

D-35091 Cölbe

Dear customer,

Please fill out the form completely before returning the goods and enclose it with the shipment so that we can process your order quickly. Send the goods back to us carriage paid. Shipments sent carriage forward will not be accepted! In the event of a justified complaint, the shipping costs will be credited to you.

Customer Nr: D _____ Name: _____ Order number: 20___ - _____

quantity	Item-Nr.	Description	Reason	Action

Reason and Action: (Example: Goods were ordered incorrectly, I request a credit note: Reason 2, enter action G)

Reason: 1: Defective 2: wrong order 3: incorrectly delivered 4: Exchange 5: see remark
Action: G: Credit note A: Exchange R: Feedback

Remark:

Date: _____
Name: _____
Signature: _____

Stamp:

Internal remarks MarMed goods receipt: