

**Sender**

Name:	
Street:	
Postal code, city:	

**elumatec****Delivery address**

**elumatec AG**  
Repairs | Returns Department  
Pinacher Straße 61  
75417 Mühlacker

Phone +49 7041 14-182  
Fax +49 7041 14-251  
repairs@elumatec.de  
www.elumatec.com

Date:	
Customer number:	
Contact:	
Phone:	
Email:	

**Process:**      Return\*      Repair\*\*

Cost estimate requested	Yes	No
Warranty claim***	Yes	No

Item details   Order details Machine details		Machine data	
Job number:		Machine no.:	
Invoice number:		Year of manufacture:	
Product number:		Machine type:	
Item designation:		Service report:	
Quantity:			
Serial number:			

**Fault description | Reason for return**

\* You are returning a component for an exchange part delivery or a credit memo

\*\* You would like the part back after repair

\*\*\* The invoice number is mandatory

Note: Please print out two copies of the form.

Please include one printed copy of this document with the return shipment.