

Form for returns and repairs

Note: Please submit one form for each product you send to us.
For information, please contact our Customer Service T: +49-40-5 47 02-100

Löwenstein
Medical
Technology
Customer Number

Please supply:

Löwenstein Medical Technology GmbH + Co. KG
Center for Production, Logistics and Service
Dörriesweg 3
22525 Hamburg
GERMANY

Customer:

Company

Street, No.

City

Country

Phone

Fax

E-mail

Customer Ref.: _____

Delivery address (if different from above)

Company

Dept.

Contact

Street, No.

City

Country

Reason for the return:

Maintenance

Repair

Warranty (*please attach sales receipt*)

Return for credit (*please attach sales receipt*)

Return of exchange article

Replacement already received? yes no

Maintenance:

Description	Article number	Serial number

Detailed description of problem:

In order to reduce the period of delivery for repairs please fill out the following.

Carry out repairs without sending a cost estimate to be effected up to: _____ euro (brutto).

Carry out all necessary work immediately **without** a cost estimate.

Note: Our General Terms for Repairs and Maintenance of Löwenstein Medical Technology GmbH + Co. KG, Hamburg as of 21.04.2010 apply except as noted otherwise in our General Terms and Conditions for Sale and Delivery and/or our Conditions of Warranty of Löwenstein Medical Technology GmbH + Co. KG, Hamburg in the version valid at the time of purchase of the product. The General Terms for Repairs and Maintenance of Löwenstein Medical Technology GmbH + Co. KG, Hamburg as of 21.04.2010 can be requested at any time from us or may also be viewed at www.loewensteinmedical.de.

_____ Date

_____ Signature