



## **Returns Form**

To ensure a fast and smooth return processing, please note that the returns form must be completed as fully as possible and included in the return shipment.

Wandres GmbH mi	~	Customer (Customer account number if available):  Name  Street	
- Wareneingang/ Lag Im Gewerbepark 8 79252 Stegen			
		relepnone	
Contact person at Wo	ındres	Do	ate of contact
Machine number / Ite	em number		
Description of item			
Reason for return			
(Electronic or mechan	ical fault? Please state	the place of operation an	d describe operating conditions.)
-			em back in a properly cleaned condition
(harmless to health as hazardous.	nd the environment) ar	nd confirm that any mater	ials they have been exposed to are non-
	ul decontamination sa	fety precautions still be re	quired for materials with toxic,
•			ostances, the safety data sheet must be sent
			ailable, we reserve the right to return or to
dispose of the machin	nes/ devices/ compone	ents at your expense.	
We hereby certify the	ıt		
•			ny substances that are harmful to health
		•	y precautions are necessary.
o the following	safely precautions a	re required (safety data s	sheef is enclosed):
 Date	Name (in l	olack lattars)	 Signature