

# Return Form

Please return this form together with the appliance to :

SebaKMT  
 Reparaturabteilung /  
 Service Department

Dr.-Herbert-lann-Str. 6  
**96148 Baunach**  
**Germany**

Please use one form per appliance and send to the above address!

Address for return shipment	Costs of repair to be billed to
Company :	
Department :	
Name :	
Street :	
Country / postal zip code / town :	
<b>Your PO No.</b> :	

Contact in case of queries		
Name :	Department :	
Telephone :	Fax :	
E-Mail :		

Appliance - Details		
Name :	Serial No. :	
Date of Purchase:	Guarantee :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accessories included :		

Further Information	
Reason for returning	<input type="checkbox"/> Repair <input type="checkbox"/> Return <input type="checkbox"/> Inspection <input type="checkbox"/> Calibration* <input type="checkbox"/> _____
Estimate required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In case of repair cost exceeding: EUR
Quotation for new equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Permanent malfunction Description of malfunction:	
<input type="checkbox"/> Occasional malfunction	

\* Not possible with all models. Please enquire from your service contact.