

Form for returns and repairs

Note: Please submit one form for each product you send to us.
For information, please contact: Technical Service, T: +49 40 88 18 96-122

Please supply:

Your
Customer Number

**WEINMANN Emergency
Medical Technology GmbH + Co. KG
Center for Production, Logistics, Service
Siebenstuecken 14
24558 Henstedt-Ulzburg
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 correction of invoice (*please attach sales receipt*)
 Return of exchange article
Replacement already received? yes no

Maintenance:

Device description	Article number	Serial number

Detailed description of problem:

Please check the box below to speed up repair processing.

Please do all the work ordered at a cost not to exceed _____ EUR (net) without first sending a cost estimate.

Note: The General Terms for Repairs, Maintenance and Safety Checks of WEINMANN Emergency Medical Technology GmbH + Co. KG, Hamburg as of 23 May 2018 apply except as noted otherwise in the General Terms and Conditions for Sale and Delivery and/or the Conditions of Warranty of 1 April 2014 of WEINMANN Emergency Medical Technology GmbH + Co. KG, Hamburg in the version valid at the time of purchase of the product. The General Terms for Repairs, Maintenance and Safety Checks of WEINMANN Emergency Medical Technology GmbH + Co. KG, Hamburg as of 23 May 2018 can be requested at any time from us or may also be viewed at our [website](#)

_____ Date

_____ Signature

From

Company

Street, No.

City

Country

**To
WEINMANN Emergency
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