

Merchandise Return Form

To return faulty items please complete this form and send it to us by fax or e-mail. Completing this form helps to insure that the goods will be replaced quickly and accurately.

Please complete the area	UW	
Your Company:		
Your Name:		
Your E-mail Address:		
Please provide details ab	he items you are returning:	
Delivery or Invoice No:		
Article No:		
Lot No:		
Tell us why your are retu	this item	
O Physical Damage		
O Wrong Item		
O Missing Item		
O Malfunction / Reason:		
O Other:		
Tell us what you'd like to	relect one)	
O Replace the item	O Credit the item	
ll contact you immediately a	eceipt of this form.	
Warranty Evaluation (filled	nrough Säntis Analytical AG)	
O Warranty Approved	O Warranty Denied	
Reason:		
O Faulty Item must be ret	O Faulty Item must not be returned	
	Your E-mail Address: Please provide details about the Delivery or Invoice No: Article No: Lot No: Tell us why your are returning O Physical Damage O Wrong Item O Malfunction / Reason: O Other: Tell us what you'd like to do (second) O Replace the item Il contact you immediately after returning Warranty Evaluation (filled out the O Warranty Approved)	Your E-mail Address: