

CUSTOMER

To be filled in by Customer: Return Complaint Service

Customer: _____ Mail: _____

Contact person: _____ Customer number: _____

Phone: _____ Invoice number/order number: _____

_____ Contact person Båtsystem: _____

Art.number: Number: Cause:

Art.number:	Number:	Cause:

To be filled in by Båtsystem:

Day of delivery: _____

Fixed: _____

Carried out by: _____

Additional information: _____

_____ Credited New product Back in stock Yes No Fixed return to customer Return fee: _____

BÅTSYSTEM