

by FAX: +49 (0) 6659 915 47-10
or by E-Mail: welcome@midas-gmbh.de



Return delivery

file by MIDAS

Complaint/Edit no.: _____

Please sign us the return before shipping.
We will send you a return no. and will inform you about the next steps.

Customer: _____ Date: _____

Customer no.: _____ Contact person: _____

Street: _____ Phone: _____

Postal code and city: _____ E-Mail: _____

Report a

COMPLAINT

Guarantee

Please enclose a copy of the Delivery note!

RETURNING

Credit

For back relief

Replacement

Product: _____

Code/Article no.: _____ Invoice no.: _____

Serial no.: _____ Date of Invoice: _____

Error description / Remark:

Returns are generally made carriage paid. If we have to organize a pickup, we will inform you about the freight charges.

A pick-up is required? yes no Desired pick-up date: _____

Date: _____ Signature _____