

Your Details

Your account no.
Six digits no. that can be found on the top left side of the received packing list or invoice.

Company name

Contact person

Address/ No.

Zip code/ City

Phone number

E-mailaddress

Our Details**Order information**

Our reference *10 digits no. that can be found on the top left side of the received packing list or invoice. e.g. 1901018618 or 2001018618. Without no returned good can be accepted*

Date of delivery *dd/mm/yyyy* Date of return *dd/mm/yyyy*

Returning goods

Qty.	Article no.	S	V	Qty.	Article no.	S	V
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason of return:

- Delivery of wrong article(s) Article(s) are damaged/ defect Article(s) arrived too late Other

Statement of reason:

Mandatory!

Thank you for your cooperation. Our Customer Service will fill in the bottom part of the Return Form as completion. Please note that the Return Form must be filled in entirely. If partially filled in, we can not accept your returning articles by any standards. When ultimately received, we will let you know within five business days if the returned items are accepted. For more information, please visit gms-instruments.com/return-refund

Returned goods accepted:

	Handled by:	Sales Rep.	Warehouse
<input type="radio"/> No	Name
<input type="radio"/> Yes			
<input type="radio"/> Partial	Signature