

Return form for service

(please fill one return form for each returned product)

Sender	Name :	Contact person :
	Address :	ZIP City :
	Country :	VAT ou EORI Nr :
	Email :	Tel :

Info	Ticket ref : #	Device :
	Serial Number :	

Description	To facilitate the process and reduce processing time, please provide a description. <i>For example : The device stopped working following a power outage.</i>

Return instructions : Please ensure the defective device is securely packaged. Ship to the following address :

**Studer Innotec SA
Rue des Casernes 57
CH - 1950 Sion**

Date :