RETURN FORM

Fill out the form, sign it and send it together with your return delivery.
Please note the form has to be visible on the outside of the package.

Contact information:

Company:

Address:

Contact person:

Zip code:

City:

Email:

Phone:

Dept.:

Order/appointment no:

Who did you set up this return with?

Reason for return:

This return is made in appointment with:

Service ☐

Borrowed return ☐

Return by agreement ☐

Repair ☐

Complaint ☐

Calibration ☐

LEASE NOTE: As a general rule, non-stock items are not returned.
Approved returned goods are credited with a deduction of 20% of the invoice value.

Turn to fill out the rest →

What is returned?

Fill out information on the apparatus or instrument that you are returning:

Product:

Model/fabrication:

Serial number:

If returned for repair or complaint please fill out below.

Detailed error description:

The undersigned hereby declare that the above information is correct and adequate, as well as ensuring appropriate packaging and transport to:

Mikrolab - Frisenette A/S
Jens Juuls Vej 20
DK-8260 Viby J

Date _____ Name (sign here) _____