

# Return Delivery



**Return deliveries only with this form and order number:**

Order number is available at department S-DEZ  
 Phone: +49-9561-866-1361, E-Mail: spareparts@kapp-niles.com

**323** \_ \_ \_ \_

**Delivery Address:** AGIFLEX GMBH  
 Reparatur- und Ersatzteile  
 Gärtnersleite 7  
 96450 Coburg / Germany

**Customer data:** (Please fill in, in capital letters)

Order-No.:	
Company:	
House No.:	Street:
City:	ZIP Code:
Contact:	Phone:
Department:	E-Mail:

**General information:**

Machine Type: \_\_\_\_\_ Machine-Comm.-No.: \_\_\_\_\_

Item	Material No.	Material Description	Reason for Return	FAUF / BANF

**Reason for Return:**

- |                          |                                       |
|--------------------------|---------------------------------------|
| <b>01</b> Wrong order    | <b>04</b> Delivered for testing       |
| <b>02</b> Wrong quantity | <b>05</b> Damaged: Charged Repair     |
| <b>03</b> Wrong design   | <b>06</b> Damaged: Repair in Warranty |

Cost estimate necessary: \_\_\_\_\_ yes / no

Exchange component favored in advance: \_\_\_\_\_ yes / no

**The processing fee for inspection of 400 Euro will be credited in case of ordering the repair.**

Each different component requires one separate return delivery form!

**Additional Information:**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**KAPP internals** Please note:  
 The return delivery form must remain on the component until the end of repair.

Datum Wareneingang KAPP:

Befund durchgeführt am: \_\_\_\_\_ Von: \_\_\_\_\_

Lagerung erfolgt in: HL01 \_\_\_\_\_ NL01 \_\_\_\_\_ WE02

Reparatur durchgeführt am: \_\_\_\_\_ Von: \_\_\_\_\_