

# H<sup>oF</sup> RETURN FORM

Please fill in this form as complete as possible.

**If the return form is missing, we cannot process your return!**

## YOUR DATA

Customer number \_\_\_\_\_

Different return address

Company name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code/City \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Have you already had prior contact about this return?

HOF Contact person \_\_\_\_\_

## THE FOLLOWING ARTICLES ARE RETURNED

Please find all order data on your order confirmation or delivery note.

Project- or invoice number \_\_\_\_\_

Quantity	Article number	Article description

## REASON FOR RETURN

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Defective product*  | <input type="checkbox"/> Sample articles              | <input type="checkbox"/> Damaged by transportation |
| <input type="checkbox"/> Incorrectly ordered | <input type="checkbox"/> Incorrect quantity delivered | <input type="checkbox"/> Other reasons*            |
| <input type="checkbox"/> Goods not ordered   | <input type="checkbox"/> Wrong article delivered      |  |

\* Short error description / Other reasons

- |   |  |
|---|--|
| <input type="checkbox"/> Return for chargeable repair | <input type="checkbox"/> Return for estimate costs |
|---|--|

**HOF Alutec**  
**Metallverarbeitungs GmbH & Co. KG**  
Brookstraße 8  
49497 Mettingen  
Germany  
Phone +49 (0) 54 52-97 33-10  
sales@h-of.de  
www.h-of.de