

Return Form

Dear valued customer, please fill in this form for every product you are going to return. This form shall be added to each return shipment as well as copy by email to 'quality@thermokon.de'. It will ease our process in order to support you much quicker. Thank you very much in advance!

Date of return:

Company details:

Contact person:

Street:

Postal code:

City:

Country:

Phone:

E-Mail:

Thermokon Customer-ID:

Thermokon delivery note / invoice number / transaction key:

Your reference:

Please indicate the reason for your return:

- wrong delivery
- wrong order
- transport damage
- defective goods
- sample delivery

A detailed description of the problem, such as the exact nature of the defect:

Other Agreements:

Please note:

- every return shipment must be sent DAP (delivered at place) – transport charges for the return to be paid by the sender
- return shipments received which cannot be allocated due to missing information will be returned to the sender

Address for return shipments:

Thermokon Sensortechnik GmbH
Reklamationsbearbeitung
Platanenweg 1
35756 Mittenaar – Germany