



BILZ product concerned

Des.:

No.:

Reason for return

Repair Complaint

Case of warranty

Other

Address:
.....
Company
.....
Name, First Name
.....
Street, No
.....
Postcode, City
.....
E-Mail
.....
Tel.
.....

Defect description:

.....
.....

Order for immediate repair: (fill out if required)

Please indicate the cost limit for immediate repair

50 % of the new value (please state a net amount) €

maximum amount €

If the costs are higher, please

send me a cost estimate scrap the old part

return the part to me (unrepaired and dismantled), Price 50€ processing fee

This form will be considered as a binding order. Our general Terms and Conditions which can be seen on our website <http://www.bilz.de/sonstiges/agb> apply.

Please state your Order No:

City / Date

Signature

Thank you for your order

Your BILZ Service Team