Return form

José Franssen sprl

Customer Information	
Debit number:	
Company name:	
Filled in by:	
Adress	
ZIP code + City	
Country:	
Phone number:	
E-mailadres:	

Request:	Wrong delivery / Warranty / deposit part / Wrong order
Date request:	
Invoice number:	

Quantity	Article number	Failure/complaint

Note

We kindly ask you to fill in the form as complete as possible. This ensures a quick handling of your request. Please priny out the completed from and send it along with the parts you are sending back to: **Energieweg 77 2382 NH Zoeterwoude** .If u have any questions please contact us via: **sales@dgasps.com** of bel naar **+31 (0)71 - 541 9450**