

Instructions - please read first**Step 1**

Fill in this form, print it out and sign it.

Note: In case you are returning goods from multiple sales orders, please do not forget to add the original invoice number to the "Invoice Reference" column for each product you are returning.

Step 2

Scan the signed form and send it to your Sensoneo contact person (sales or project manager) along with the dimensions (length x width x height in centimetres) and weight (in kilograms) of the package you are returning. In case you do not have your Sensoneo contact person details, please send it to info@sensoneo.com.

Step 3

Put the original signed form along with a copy of the original Invoice inside the package with the goods you are returning. Otherwise, we will not be able to process the return.

Step 4

Send **clean** goods to Marian Hudcovic, Sensoneo, Stare Grunty 12, 841 04 Bratislava, Slovakia. Contact person for delivery: Michal Barkoci, +421948857904, michal.barkoci@sensoneo.com

Customer Details

Company name	<input type="text"/>
Street, No.	<input type="text"/>
ZIP, City	<input type="text"/>
Country	<input type="text"/>
Company ID	<input type="text"/>
VAT	<input type="text"/>

Purchase details

Invoice number	<input type="text"/>
Invoice date	<input type="text"/>

Delivery Address

Company name	<input type="text"/>
Street, No.	<input type="text"/>
ZIP, City	<input type="text"/>
Country	<input type="text"/>

Responsible person for return

Name	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

List of claimed products

No	Product Name	Product ID	Problem Description	Invoice Reference
1	<i>Quatro sensor</i>			
2	<i>Single sensor</i>			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

If this table is not sufficient to list all the items, please send us the whole list of claimed goods as an attachment.
For every item, please state Product Name, Product ID, Unit price listed on the invoice and a description of the problem.

Date and place

Name and Signature of the
responsible person