

RESHIPMENT FORM



1. Customer Data

Name/First name

Street/No.

Customer ID

ZIP-Code/City

Phone number
(For questions)

Country

Invoice number, shipping order number or order number
(In case of several numbers please fill out a new form)

WEDA Return ID
(For internal use only. Will be filled out by WEDA)

2. Reshipment

Reshipment consist of the following amount of packages:

Reshipment has been arranged with the following person at WEDA or the following representative:

Pos.	Article Number	Article Description	Serial Number	Amount	ID-No.*
1					

Description of errors

*Please insert ID-No.: 1. Repair 2. Credit voucher for used parts 3. Guarantee / Credit voucher
4. Compensation delivery 5. Check for insurance (article will be send back unrepaired)

2

Description of errors

With your signature you accept our general terms and conditions. These can be found in the imprint on our website www.weda.de.

Further, you confirm with your signature that the returned product was cleaned, is free from residues, and that the submitted product can be repaired without any harm to humans and to the environment.

City/Date

Signature of person returning the articles

Dokument	Rev.	Datum	Ersteller	Geprüft
QM 18C02A	A	10.12.19	QM/VS	QM