



Return Material Application (completed and attached outside of the consignment)

Ship to

SAACKE GmbH

Return Shipment

Reiherstr. 86

28237 Bremen

Germany

Date:

ID:

Customer Data	
Company	
Contact Person	
Street	
Zip Code	
Town	
Country	
Phone	
E-Mail	
Your Order No.	

Invoice Data (if different from customer data)	
Company	
Contact Person	
Street	
Zip Code	
Town	
Country	

SAACKE Equipment No. / SAACKE Order No.



Returned Items

Position	Item	Serial No.	Fault Description (necessary information)	Condition
1				<input type="checkbox"/> New <input type="checkbox"/> Used
2				<input type="checkbox"/> New <input type="checkbox"/> Used
3				<input type="checkbox"/> New <input type="checkbox"/> Used
4				<input type="checkbox"/> New <input type="checkbox"/> Used
5				<input type="checkbox"/> New <input type="checkbox"/> Used
6				<input type="checkbox"/> New <input type="checkbox"/> Used
7				<input type="checkbox"/> New <input type="checkbox"/> Used

Reason for Return

Replacement (Warranty)	<input type="checkbox"/>
Repair	<input type="checkbox"/>
Cost estimate for repair	<input type="checkbox"/>
For credit	<input type="checkbox"/>
Calibration	<input type="checkbox"/>

Decontamination Report

For the protection of our employees, every item returned to SAACKE for repair or evaluation must be accompanied by this completed form. SAACKE reserves the right to reject any suspicious packages or those with incomplete documentation.

Has the item been exposed to harmful substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the item been contaminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the items has been exposed to more than one potentially harmful substance, please fill in:

Explosive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biohazard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carcinogenic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radioactive	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature _____