

Returns schedule

Only in the original packaging!!



Please complete for each invoice a return form.

Any return without this form will be returned without comment from us at your expense.

Customer No.: _____
Name: _____
Street: _____
Place: _____

Invoice No. _____, or a copy of the invoice

Reason for return Code:	Item No.:	Description:	Quantity:	Comments:

- A** incorrectly ordered
- B** false shipped
- C** not suitable
- D** not as pictured
- E** does not correspond description
- F** defective
- G** another reason

After the return you receive a corrected invoice.

Dieses Formular unterliegt den AGB's von Cycle-Tech GmbH. / This form is subject to the terms and conditions of Cycle-Tech GmbH.

Date: _____

Signature: _____