

REQUEST FOR AUTHORIZATION RETURN OF EQUIPMENT



Please complete this form and send the return authorization request to support@dimm.be

Date of request :

Company : Contact person :

Adresse :

.....

Postal Code City : Country :

Phone : Fax : Email :

Reference	Description	Qty	Serial number (Required for valves/ water softeners and bottles)	Reason for return	Invoice number (VFDE...) or Order number (VCD...) required	New for credit note *	Replacement warranty *	In repair *
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 1 field required

OBSERVATIONS

.....
.....
.....